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EDITORIAL COMMENT

EDUCATION AND EARNING POWER

Under this heading Miss Ruth Brewster Sherman discusses the relation of education to the earning power of the individual, a subject of special interest to nurses at this present time, when the efforts of the teaching body of the profession are so generally concentrated upon the establishment of higher standards of preliminary education for admission to training schools, and for more thorough theoretical instruction during the whole period of training. In this paper, which we hope our readers will study very carefully, Miss Sherman has presented the broader view of the question. It has been our opinion, expressed in these pages many times, that the fixed charge for services rendered has always been a great detriment to professional recognition. What we have called the sliding scale, the right of the nurse to increase her charges, as well as to lower them, to meet the circumstances of the family, or according to her earning power, is a simple interpretation of the idea set forth in this article.

There is no disguising the fact that there are hundreds of nurses sitting idle because they are not worth \$25 or \$30 a week, who should not feel that in accepting a lower rate of compensation they are disloyal to their associates. There is never a time when a registrar could not place such nurses at \$15 or \$18 if they are willing to be sent out at that rate.

Then there is the absolute injustice of the maximum rate being demanded by the new recruit, fresh from the training school, without the experience which gives her the needed power of adjustment to the varying circumstances of different families.

Miss Sherman has not dwelt particularly on the financial side of this question, and we feel sure that those who read her paper in the

proper spirit will appreciate the manner in which the subject has been presented. Of course those who are continually advancing the idea that the commercial side of nursing is always uppermost, may misconstrue its meaning.

We think there may be a difference of opinion as to her statement that the earning power of the nurse is as great the first year as it is later. While it is true that she may start with the same rate per week as older graduates, it is unusual for her to be in as great demand during the first few years of her work outside as later, when by good work she has established a clientele and is kept more constantly busy. We are continually told that the average annual income of a nurse during her working years is \$600.

In making the comparison between the incomes of the three workers who were sisters, Miss Sherman has not taken into consideration the fact that the librarian and the teacher have to pay all of their living expenses, all of the time, while the nurse, while actually engaged on a case, has an equivalent of an increased salary in her board.

THE INTERNATIONAL CONGRESS

Miss Dock, as secretary of the International Council of Trained Nurses, has given in her department this month an outline of the plans that are being made for the meetings in San Francisco in 1915. Special arrangements for transportation are under consideration, and although nothing can be announced as final for some time, it is probable that the rate from New York to San Francisco and return, going by one route and returning by another, will be from \$68 to \$100, while the price for a berth in a tourist sleeper will vary from \$7.30 to \$9.00, for one way.

The expense of the international meetings to the nurses of this country will be about \$1500, which should be divided among the associations of the whole country, and which should be definitely pledged at the St. Louis meetings this year. Delegates are asked to ascertain, before leaving for the national meetings, what sum their associations will contribute to this fund.

Miss Dock suggests that when the nurses present their offerings to the Florence Nightingale Memorial at the San Francisco meeting, members shall carry pennants showing from what part of the country they come. It is suggested that the national organizations should adopt banners of suitable color and design which shall always hang before the building where their conventions are being held, and that state associations shall do the same, so that the attention of the public may be called to the fact of their existence and purpose by a visible sign.

THE ST. LOUIS MEETINGS

Notwithstanding the fact that we are told the Weather Man does not put forth his best efforts in April, in St. Louis, the arrangements that are being made for the meetings during the last part of that month promise an exceedingly interesting convention. The regular meetings will begin on Thursday, the 23d, and will extend through Wednesday, the 29th. The members may rest assured that the programs of all the sections, outlines of which are published in our news columns this month, are to be exceptionally interesting. A number of subjects are to be handled in original ways, and in St. Louis, itself, there is a wonderful spirit of cordiality. There are to be section meetings on such subjects as school nursing, hospital social service, boards of nurse examiners, etc., and in addition to these section meetings, there will be an innovation, an informal round table conference on such special subjects as may be requested. One such request has already passed through the JOURNAL office to the chairman of the program committee, that an opportunity may be given for a meeting of registrars of central directoria. It will be noted in the reports of the program committees that these conferences will be provided for on request of ten members of the Association, and it will be a very simple matter for anyone wishing an opportunity to discuss a certain subject to arrange to have her request endorsed by nurses in other sections. Such requests should be forwarded to the secretary of the American Nurses' Association, Mathild H. Krueger, Teachers College, New York.

More important than the subjects to be discussed, is the great educational uplift and the renewing of one's enthusiasm which come from meeting and associating with workers in the same field as one's own, from distant places. Those of us who have enjoyed this privilege and have been refreshed by such gatherings cannot urge too strongly upon the uninitiated the tremendous interest, value, and power of our great national gatherings. Most nurses do their work in greater or less degree in an individual way. Hospital workers, who are limited by the walls of their institutions, or the community in which they are located, social service workers, private duty nurses (and JOURNAL editors) are all laboring in a restricted field, but when all come together to share with others the result of their individual efforts, one showing advancement in this line, another in that, the whole makes a splendidly inspiring record of progress, to which the individual worker finds she has been contributing without realizing it.

Of course the question of time and expense hinder thousands of nurses who would be glad to avail themselves of such opportunities,

but no nurse within reasonable distance of St. Louis should be left in ignorance of the opportunity of these meetings or be allowed to feel that she will not be more than welcome as a guest, whether sent as a delegate or not. Last year there was some little feeling because nurses who were not delegates or permanent members were excluded from executive sessions devoted entirely to business. The necessity of limiting the attendance at these sessions to delegates and permanent members becomes more apparent each year, as the Association increases in size, and though guests may be excluded from such short sessions, there will be ample attractions on the outside to occupy this time advantageously.

PROGRESS OF STATE REGISTRATION

NEW YORK. Not long since it was our privilege to attend a suffrage school in our city, a gathering of the members of this congressional district, for conference and instruction for legislative work. We were impressed with the splendid organization, with the similarity of the methods advocated with our own, and with the constant reference to the fact that New York State practically holds the key to the whole suffrage question, not only for the other states of the Union, but for the whole world as well. So in the amendment to the nurse practice act now before the legislature, to define who shall practice as a nurse, New York is again a pioneer, for when the question shall be decided favorably for this state, it will mean similar amendments in all the states, and establish an international standard.

Last year the amendment proposed covered only three sections of the original public health law, leaving the remaining portions unchanged. This gave rise to a misunderstanding of the bill as a whole, consequently this year, the entire bill as it originally passed has been rewritten; it is broader, more liberal and much more comprehensive than the amendments suggested last year. It defines clearly who may practice as a nurse or registered nurse, as follows:

To practice as a nurse, within the meaning of this article, shall include the care of the sick or injured as a nurse or registered nurse. The provisions hereof shall not prevent or prohibit the performance of services, either with or without compensation, in caring for the sick or injured, by any person as a trained attendant, or in any manner, other than as a nurse or registered nurse. This article does not apply to the performance of services as a nurse or attendant by persons employed in the state hospitals for the insane, pursuant to the civil service law and the rules adopted thereunder. Nothing contained in this article shall be considered as conferring any authority to practice medicine or to undertake the treatment or cure of disease in violation of article eight of this chapter.

Also who may not so practice:

A person shall not practice as a nurse or hold himself or herself out as a nurse or use the term "nurse" or "registered nurse," or other words or letters to indicate that such person is a nurse and entitled to practice as a nurse unless a certificate has been issued to such person, authorizing him or her to practice as a nurse as provided in this article. A school or institution for giving instruction in the care of the sick or injured which is not connected with a hospital or sanitarium and is not registered by the Regents as provided in this article, shall not issue a diploma, certificate or other written instrument to any person, indicating that such person is entitled to practice as a nurse.

Other important features of the bill are provision for reciprocity and the appointment of a secretary to the board of examiners, which means that in addition to the inspector of training schools who, at the present time, is appointed under the civil service regulations, which govern the inspectors of all the different classes of schools registered by the regents, there shall be a secretary appointed by the regents who shall be practically in charge of nursing affairs under the department of education. This is in line with the manner of organization of the professions of medicine and pharmacy under the Education Department. The medical secretary is paid \$4000, and the secretary of the board of pharmacy \$3,000. For the nurse secretary, whose duties will be quite as arduous, \$3000 is asked, the salary to be paid from fees received.

The terms of the waiver are very broad, they practically include every woman of good moral character now engaged in nursing work in the state.

The first hearing on the bill was that before the Public Health Committee of the Senate on February 17, when the Assembly Chamber was filled with men and women interested in its fate, those in favor of it far exceeding in numbers the opposition, which was, however, very bitter and in large part, commercial in character. The presence of nurses from all parts of the state showed how widespread has been the campaign in behalf of the bill and how deep is the interest of those most nearly concerned.

Among those who spoke in its favor were Mrs. Cadwallader Jones of New York, representing the board of managers of the New York City Training School, who has always shown an active interest in everything pertaining to the uplift of the nursing profession; Dr. Biggs, the new Commissioner of Health of the State; with Dr. Williams, his assistant; Dr. Augustus Downing, first assistant Commissioner of Education, representing the Education Department of the state, who said the whole Education Department, from Dr. Finley, down, supported the bill in every particular; ex-senator George H. Cobb of Watertown; Father Thompson of New York; Mrs. Stevenson, president of the State

Nurses' Association; Miss Noyes of Bellevue; Miss Kraemer of Canandaigua; Miss Callahan of the St. Lawrence State Hospital; and Miss Stewart of Teachers College.

Among those opposing it were Mrs. Rose, editor of the *Trained Nurse* who, though not a graduate nurse, said her interests were with the hospital-trained nurses and that they were not in favor of it; a Miss Fiske who, though a college graduate, spoke against education as desirable for the nurse; Mr. Stillman, proprietor of a short-course school in Albany; Mr. Bailey, secretary of the Chautauque Correspondence School; Mr. Bacon of the Jewish Hospital, Brooklyn; Dr. Goodwin of the Albany Hospital; Mr. Knox of Roosevelt; Mr. Straum of the Jewish Hospital, New York, whose English was so imperfect it was very difficult to understand him; Mr. Coffin of Hudson; Mr. Miller of St. Luke's, New York; Father O'Hara of the Brooklyn Board of Charities; Rev. Mr. Farrell of Brooklyn; and Mr. Baker of the Jewish Hospital, Brooklyn.

All those who spoke against the bill claimed to represent the interests of the public, of the poor, and to speak in behalf of humanity. The bill was called selfish, vicious, class legislation, fool legislation, an effort to increase the prices nurses might charge, an effort to introduce an eight-hour day, an effort to compel hospitals to employ graduate nurses, a means of throwing all but registered nurses out of employment, an effort to introduce the closed shop, an effort to create a highly-paid office, etc. It was stated that a year and a half was all the training a nurse needed, that she need only be kind and attentive, that trained nurses leave their sick patients when they find they may not receive their full compensation, that the present law is a dismal failure, that the scarcity of pupils is caused by the present law, that a hospital of four beds is as good as one of fifty for giving training to a nurse, that if the hospitals are opposed to the bill it must be wrong, that hospitals and doctors should be represented on any board which controls nursing affairs, that the public should determine the qualifications of the woman who enters a training school and, most astounding of all, that Florence Nightingale was not a trained nurse. Mr. Bailey of the Chautauque School stated that the number of graduates from that school had been greatly exaggerated, that it had been in existence thirteen years, and that during that time diplomas had been given to only 6617 young women.

Those favoring the bill urged its passage for the same reason that the pure food law was passed, that persons might know what they were getting when they were employing a nurse. It was shown that all women now practicing nursing would be cared for and not thrown out

of employment, but that those taking up the work in the future would have to choose whether they would take the training required for a nurse or prepare to be trained attendants; that although the correspondence schools claim to exist for the sake of the poor, the inducement they hold out to women to take the course is always that they may be able to earn from \$25 to \$30 a week, and that the only widespread, well organized efforts for the care of the poor are those of the visiting nurse associations, the Metropolitan Life Insurance Company and those recently put forth by the Red Cross Town and Country nursing service, all of which are clamoring for greater numbers of well-educated, highly trained women; that the way to increase the number of applicants to a profession is to raise the standard of that profession, not to lower it, that the request for a secretary came from the Education Department, not from the nurses themselves; that the kind of nurse a patient needs should be determined by his need, not by his economic status; that the nursing profession would not be so short of applicants if the 6617 young women who have taken the Chautauque course had entered the regular training schools.

Dr. Downing said those opposed to the bill were setting up men of straw in order to knock them down, and as the greater part of the time granted the opposition was consumed by arguments in regard to points not included in the bill, this would seem to be true. Dr. Downing also brought forth applause when he combated the statement that nurses were mercenary by showing that the inspector of training schools at present receives \$1200, that Miss Goodrich had given up a position with a salary of \$3000 to take this, and that her successor, Miss Hilliard, had given up one of \$2400.

The assertion made by Mrs. Rose, that women's clubs in general are opposed to the bill, shows where nurses may work with advantage. Mrs. Rose was evidently not aware that the State Federation of Women's Clubs endorsed the bill at Buffalo and this includes the leading clubs of the state.

We want again to beg the nurses of the state to realize that the fight is on and that all their efforts are needed. If, by the time this magazine reaches its readers, the bill shall have been favorably reported to the assembly, then will be the time for every nurse in the state who is interested in its passage to "get behind" the assemblyman of her district, through his constituents. There is no nurse so busy or so obscure that she cannot lend a hand in work of this kind, and it is often the legislators from unknown places, where their constituents are lacking in interest, who turn the balance against such legislation, simply because they have not been instructed by their home center.

The chairman of the legislative committee of the State Association this year is Miss Julia A. Littlefield of the Homeopathic Hospital, Albany, and any nurses who are not informed and who desire copies of the bill and information or legislative procedures should write directly to her. Even if the bill fails, nurses must remember that it is a great campaign of education, and that it may have to be repeated many times before the legislature and the public are sufficiently educated to understand its underlying motives.

KENTUCKY. The bill for registration has passed the House, and as we go to press the nurses of the state are working hard for a like victory in the Senate.

CHANGE IN THE NEW YORK INSPECTORSHIP

It will be remembered that Annie W. Goodrich, R.N., who has been for the past three years inspector of nurse training schools, under the Education Department, of New York State, has resigned that position to accept a professorship in the Department of Nursing and Health at Teachers College, Columbia University.

Miss Goodrich's work in the Department of Education has been epoch-making, and the nurses of the state will rejoice that she has been followed by Amy M. Hilliard, R.N., a graduate of St. Luke's Hospital, New York. Miss Hilliard was at one time Miss McMillan's assistant at the Presbyterian Hospital, Chicago, and then for several years superintendent of the training school of the Jackson Health Resort at Danaville, N. Y. Recently she has held the positions first of superintendent of nurses, then of the hospital, of the Neurological Institute of New York City, a private institution for the care of those suffering from nervous diseases. Miss Hilliard's variety of experience will make her familiar with the many problems of the institutions with which she will have to deal, public and private hospitals, large and small, and the great chain of hospitals for the care of the insane.

THE WISCONSIN CURRICULUM

The Wisconsin Committee of Examiners of Registered Nurses has put out a course of study which it recommends to the training schools for nurses in the state. Undoubtedly this will be of great value to the schools for which it is intended. The topics suggested for study by the senior pupils are such as would prepare them for the wider interests of their profession and for work in national, state and local organizations by having had such subjects brought before them while in training.

THE NEW SURGEON GENERAL

All departments of the government, whether national or state, have some bearing on the public health and are therefore of interest to nurses, but some are more nearly in touch with our professional interests, such as those of the Army and Navy, so that nurses will be particularly interested in the appointment of Colonel Gorgas as Surgeon-General, succeeding the late Surgeon-General Torney. Colonel Gorgas is not only an army officer and a physician, but a most able executive, as has been shown during the time of the completion of the Panama Canal, and the Army Nurse Corps is to be congratulated on its opportunity of serving under him.

WHY ARE HOSPITAL POSITIONS NOT DESIRED?

When we asked, in the December JOURNAL, for a discussion on the lack of applicants for hospital positions, we hoped to bring out more than a criticism of individual hospital superintendents. We cannot believe this is the only reason for the dearth of suitable applicants.

THE NEEDS OF THE JOURNAL

We want to remind those interested in the material welfare and development of the JOURNAL that this is the time of year when all magazines make special efforts to increase their subscription lists. When local and state meetings are being regularly held, it is comparatively easy to present the cause of the JOURNAL to those not familiar with it, to solicit subscriptions, and to arouse in those not familiar with its history a sense of responsibility in promoting the business in which they are shareholders through their membership in the American Nurses' Association. We wish that every state president, and every county or alumnae president would, at the next meeting at which she presides, make a special appeal for the JOURNAL. We are always glad to send sample copies for distribution, subscription blanks and printed matter, if we are notified sufficiently in advance to have such material forwarded before the time of the meeting. The custom which prevails in many states of having a JOURNAL table, with a responsible person in charge of it, has proved of great advantage, and this custom should be continued.

One alumnae association with which we are in close touch, holds a meeting this month with the members of the senior class as its guests. Different speakers are to present the advantages to be gained by joining the alumnae, county and state associations, of belonging to the

Red Cross and of reading the JOURNAL. At the close of the meeting each guest will be given application blanks for the various organizations and a subscription blank for the JOURNAL. Another good custom is that of some superintendents who give such blanks to each of their graduates as they leave the hospital.

The official directory of the JOURNAL, follows the reading matter in each magazine, was established some years ago for the convenience of our readers. We endeavor to have it correct, but we cannot keep it so unless the presidents or secretaries of the organizations listed in it take pains to forward to us any changes in names or addresses that should be made, in ample time for printing. We are criticized if these changes are not made, and we are also criticized if they are made, when the notification comes to us through some member of an organization not having official authority. We know that these pages are of value to all organization workers, the JOURNAL being kept on the desk of those having correspondence with other groups for quick and ready reference, but to be of most value all changes should be promptly and accurately reported to the editorial office. We ask the coöperation of all who use the directory, to this end.

We call the attention of our readers to some changes in the rate of commissions to agents which are given in detail on the JOURNAL announcement page to be found at the end of the magazine. We hope the information which has been added to this page may prove a convenience.

WHEN JOURNALS ARE LATE

An eastern nurse, who has been living for some years in a far western state, writing of the delay in receiving her JOURNAL, makes the suggestion that when their magazines are late subscribers should first inquire at the local post office, especially in the smaller cities and isolated towns. She says magazines are frequently held for five days in such post offices before being delivered, and that although postal officials claim to be bound by regulations, in reality they do pretty much as they please.

Subscribers should not forget to notify the Rochester office not later than the 15th of the month when their JOURNALS are not received.

EDUCATION AND EARNING POWER

By RUTH BREWSTER SHERMAN, R.N.

Graduate of the Johns Hopkins Hospital, Baltimore, Maryland

Would abolishing our present fixed rate of charges for work make our profession more attractive to college graduates? Would such a change in nursing policy help to raise the degree of education which could be required of probationers? If in our profession, as in others, increased experience and efficiency brought also increased earning power, might not more college women choose nursing as a life work? Let us look into this a little.

The constant effort of the state laws and hospital superintendents is to raise the educational requirements for probationers. Yearly the hospital training becomes more elaborate, yearly more lines of work are open to graduate nurses, constantly more is demanded of them. Greater technical training calls for minds enlarged and developed by greater previous education. Without doubt a college graduate could take a nurse's training much more easily and with vastly more pleasure and mental profit, than does a young woman of only high school education. No doubt she would be more valuable and profitable to her hospital, also. Perhaps the time will come when the best training schools, like the best medical schools, will require a college degree as a preliminary and will also charge for tuition. As between pupil and hospital, this will perhaps be right; but the training school is only the middle ground between the student and her future career, and no professional school of any kind is supposed to exact more from its students than the students may reasonably expect to get back from their careers, later on. A woman who passed through secondary school, college and training school and paid for tuition in all, would be making entirely too large an outlay of time, effort and money on her education unless she had much larger opportunity to repay herself later, than nursing now gives, no matter what branch of nursing is followed.

The average intelligent and ambitious girl chooses her vocation while she is in the high school or secondary school and usually her studies are chosen accordingly. If she has decided to be a nurse, she will have at least four years to wait after high school before she can enter the best training schools. Can we expect her to spend these intervening years

in college? She will be much more apt to do some money-earning work, in anticipation of the non-earning years in training school. College means a large outlay of money. The average woman goes to college because she must support herself and perhaps others too; she certainly expects whatever career she enters to repay her well for the money, time and effort spent on her education. Under present conditions, what branch of nursing will do this?

It is not "commercial," it is not "mercenary," it is not in any way unworthy or contemptible for nurses to look on their life-work as business and professional people look on theirs—as a work to be conducted on business principles, which should eventually yield a good return for the time and money invested in preparation. We are trained in high Christian ideals of service and hold these ideals as our most precious possessions, but are Christian ideals incompatible with sound business principles? Does not the greatest authority on business efficiency of our time rank "high ideals" as the first, and the "fair deal" as another, and "efficiency reward" as the culminating principle of efficiency? Giving without stint or measure, both in hospital and later, our very best and highest endeavor to our fellowmen; looking always closely to the quality of work we do and holding back nothing from those who need us; we still have the right to exercise a due businesslike accuracy. A man would deserve to fail in business who put money into an investment from which he could not expect adequate financial returns, and that is what a woman would be doing who went to college to prepare for studying nursing. In any other line of work she would increase in value as she proved her worth. To a mind capable of ambition, this is a much stronger appeal than the mere fact that upon graduation a nurse steps immediately into a good income. In this age, money value is the measure of all value. Everything is honored or valued or appreciated exactly according to its money worth in open market. Whether we approve of this or not, it is a truth, a fact, against which it is useless to array ourselves. It is just as true of a nurse's work as of the work of a doctor, lawyer, architect, shipbuilder, mediator, merchant or any other business competitor—but we shut our eyes to it!

We are fond of comparing our professional training with that of doctors, the comparative periods students and nurses spend in the wards and in classroom. How does a man get his return from his medical education? After graduating he serves in various hospitals for small compensation and probably goes abroad for further study. This is all still a preparation, a part of his original investment. When he begins practice he often makes only office rent for some years, but he cheerfully looks forward to the time when recognition and success come, when

patients are many, his charges higher and he rises into prominence and honor. This is his return on his investment, the dividends on his principal, and he gets these dividends as his individual worth increases in private practice. Has a nurse a similar experience? If after graduating she does hospital or other institution work for several years, her salary may increase a little as she goes from place to place or gives more years of service. The army and navy nursing, the various government appointments, give increased pay for longer terms of service, but at best she is getting small dividends on her original investment. If after a few years of this she begins private nursing, she begins at once at the maximum price and probably reaches her highest earning capacity the very first year, when she is freshest and strongest. This is gratifying to the "commercial" or "mercenary" instinct, to which money is an aim and an end in itself—it cannot long satisfy the rightful ambition of a woman who is willing to study, work, read, observe, think, experiment and compare, in order to improve her methods and increase in professional value; and who properly and rightfully wishes to have a visible way of proving to herself and to others that her work is better at the end of ten years than at the beginning. Has she any way of doing this; any way which is recognized in the business world? Not while prices continue firmly fixed by custom; not until increased experience and skill bring increased compensation.

Nor would these increased prices do away with charity among nurses. We all recognize the Christian obligation to charity, we all work for charities in our various ways and give to them as we can, but at present we are chiefly able to give only one form of help—our time and work, to the sick. If nurses earned more money, they would be able to give more to many other forms of charity, which are now beyond their reach. A nurse with a college education would be interested in church and school work, mission undertakings, social settlements, fresh-air funds, vacation outings for working girls, in prison, child labor and college extension work, and many others. She would want to earn enough to give money to enterprises which she could not help by her individual time and work. Many nurses not college bred also feel this wish.

But the college-trained woman in other professions can, by increased experience, command increased pay; and though she begins with much less than a nurse, in the long run she usually earns more and she reaches a greater earning capacity at a much younger age than a nurse can, and keeps it to a greater age. Therefore, how can we expect our work to capture for its own, college bred women who must support themselves, help others and provide for the future?

As a concrete illustration let me give a story from life, the true story

of three sisters who chose their professions while in high school and prepared themselves accordingly. These three young women being of the same family, educated in the same school and of approximately the same age, it may be assumed that their mental capacities were practically equal.

The first sister decided to be a librarian and after finishing high school entered college where, as part of her collegiate course, she received two years' training as a librarian. Her first position, secured immediately, paid her \$800 the first year, \$450 the second and third; her second position paid \$900 the first year, with a yearly increase in recognition of her added experience and value. Eight years after beginning work she earned \$1200 yearly, with an eight hour day, six days in the week, and one month's vacation. Near is her limit of salary yet reached.

The second sister decided to teach and completed a college course with a bachelor's degree. Her first school (in the country) paid \$320 for an eight months' term. Her second (a city school) paid \$1000 the first year, with yearly increase for added experience and value. Eight years after beginning work she received \$1600 yearly, with a three-month vacation; and her salary is still growing.

The third sister chose to study nursing. As a college course was out of the question, in addition to the years to be spent later in training school, she took some work which supported her and enabled her to save some money. After three years of training she was necessarily some years older than her sisters had been when they began their professional work. Her earning capacity began at once at \$1600 a year. Twice she rose considerably above that level, but at the end of eight years her earnings were much less than her two sisters'. They had their added salaries as proof of added value in the working world. At the end of eight years, or of eighteen, will not her work too, be better than it was at the beginning? Yes, but she will have no sign and proof of it in the eyes of the world, as they have.

If the third sister had gone to college, would she in any way have improved her financial future? Not under present conditions of our work. She would have been a better hospital student, no doubt a more acceptable private nurse, always a broader woman, all things most desirable and precious in themselves—but she would have largely increased her investment with no prospect of better dividends—which is bad business and not to be thought of in the families of moderate means from which nurses usually come.

In older times the nursing sisterhoods attracted many women who had no other adequate outlet for their energies and emotions. They were supported by their families or their church.

In modern times can we expect our profession, as at present conducted, to attract women whose minds are sharpened and strengthened by broad education and competitive examinations and who have a fair appreciation of business methods, relative values and legitimate ambition? Evidently the answer lies in the fact that very few such women are thus attracted. If a college woman is interested in disease and health she studies medicine, not nursing. She increases her investment by a much larger outlay of time, work and money; but she knows that financial reward and professional recognition await her at the top of the ladder, if she is but able to climb it.

There are many arguments both for and against the maintaining of our present fixed standard rates of payment, but this paper aims to deal only with the one question, whether its removal would or would not make our profession more attractive to women of higher education—whether abolishing our present system would or would not cause more college graduates to choose nursing as a life work.

EDUCATION THE KEY-NOTE FOR THE BETTERMENT OF THE SCHOOLS FOR NURSES¹

By JENNIE M. FONTAINE, R.N.

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West Virginia*

When I entered my chosen school for nurses, fifteen years ago, I was taken at once to a ward of twenty beds and told, with a grand flourish of the hand, that these ten patients, all men, were to be mine. Very near me was a great big black one. My feeling was one of a scared and hunted animal, I wanted to run, but pride kept me there rooted to the spot. I was awakened by the head nurse commanding me to fold the spreads and prepare the patients for the night, without any instructions whatsoever, except to hand me a bottle of bathing solution. What I, a timid and scared creature, weighing ninety-eight pounds, suffered, no one can tell except those who have had a similar experience, and the awful feeling that what you are doing may be wrong is to a conscientious woman a tragedy.

At that time instruction was given in a hurried, unsystematic way, in other words, the young woman who got the most out of her training was the one who had the most courage and the most persistence. Many a time she did not understand the instructions given and would

¹ Read before the Alumnae Association of the Ohio Valley General Hospital, formerly the City Hospital.

think a long time before she dared ask to have them repeated. Only the bravest of them dared to do that. All this is now a thing of the past.

The attitude of the officers towards the students was very autocratic and most dominating, and always made you feel as though you were small and never, never would be any bigger. Their tones, and I can recall many, were very harsh, commanding and unjust. Many a tear have I shed on the old, unsanitary shoe boxes in the dark, dreary closets, due to the unkind words that were hastily spoken. Here I will apologise, as the women who acted as executives were rushed, hurried here and there, and they were tense all the time, due to the bustle and the great strain put upon them. The students were under the same strain, the same atmosphere prevailed everywhere, and this same ward of twenty beds which had only two nurses in 1888, has now four nurses with a head nurse, and the atmosphere has changed; all work in a sane way.

Head nurses are not pushed beyond their physical limit now, they are instructors to the students, they act as hostesses to their wards, they have time to get acquainted with their patients, they know something about his mental and social, as well as his physical standing, and the students have time now even while on duty to study the condition of patient and ward, and to apply their theory to their practical daily work.

What a complete change! All this has been gradual and has been brought about by hard work and persistence on the part of the most energetic, overworked, and noble women of our profession, the superintendents. Superintendents now have time, or they take it, to greet you with a pleasant "Good morning." You are treated more humanely. I think that was one of the most noticeable things that I saw when I returned to work in 1913.

A smile from the superintendent is given to even the little probationer. A cheerful greeting from our superior officers, a few years ago, would have made our very hard path so much easier, and the words "Well done," which were rarely spoken, would have made the overcoming of great obstacles which we had to meet daily, less difficult. As it was, we had to rely on our inner selves or upon the chosen one in our class who was our "Wailing Post," and most of us had them, and used them.

Our class work was conducted in an irregular manner, our lectures also, as we had to depend on the busy practitioner to impart the knowledge. Many a time my class had been assembled, and at the last moment, or fifteen minutes late, a telephone message has come that the lecturer had been called away.

Now all this has been overcome by paid instructors, and class work and lecture work is conducted in a systematic way. The young woman

who enters a modern training school today is indeed fortunate. She is not thrust upon the wards and given responsibility until she has received her theory and practice, which fits her for the work that she must soon undertake. A preliminary course of three to six months is given in the best training schools, including class work in theory, and practical work in the class room on dummies (not upon mankind, as of old) under a trained instructor. This regular course of preliminary training is an expensive one for the hospital to carry out, and the smaller ones cannot meet this added expense.

The admission requirements have all been raised; educational standards are all much higher than a few years ago. Young women of education are being given the preference, and a high school education is required, or its equivalent, in most schools. They offer every facility to attract this class of young women; home conditions are better, more attention is given to theory, social life is encouraged for the students, open-air life is encouraged by the open balconies and roof gardens furnished with hammocks, which many of the modern nurses' homes now have. More time is given for study and recreation. Education on subjects outside of the nursing world is also encouraged and planned; the tendency is to broaden the mind and character of each individual nurse.

Dredgery, which went hand in hand with the work of the nurse ten years ago, does not occupy a prominent place in the school of today. The laborious work of cleaning, sweeping, scrubbing, etc., is all being done by women who do nothing but that, giving the nurse a better chance to do detail work in the care of her patient.

Long hours are fast disappearing, and a few schools have established the eight-hour system; many have the ten-hour system, with time off duty, which is practically eight hours. The fourteen-hour system is confined to the struggling hospital, not to the modern, up-to-date one. The barbarous custom of retaining special nurses for twenty-four hour duty is also done away with, and only twelve-hour special duty is allowed; in other words, they special for day or night only.

Nurses are educated now, and are made to understand before they graduate what their alumnae association means to them. Special lectures and talks are given to classes on this one subject, so that when a nurse has finished her school duties, she realizes that her first duty is to connect herself with that association as she has been made to see the importance of coming in contact with other nurses, hearing their views, and discussing subjects with the best women in her profession.

A greater opportunity for education will be offered to young women who wish to enter this profession through the universities, which are

offering one year's theoretical course of instruction to young women who wish to enter this field. The opportunity is open to only a few at present, but this idea will broaden and be made possible by many schools.

The length of training has been made three years instead of two in better schools, and a nurse to be a graduate of a general hospital must include obstetrics and many other branches which were not compulsory ten years ago, but were left to the decision of the individual nurse. This course and others, if knowledge was wanted, had to be gained by a special course in another institution, now, affiliation has done much towards making all these branches compulsory, and raising the educational standard of the smaller schools.

Again, the whole profession has been elevated and benefited by registration, and schools have had to come up to the standards, if they want to be in this great march towards success in our schools for nurses.

The field for a nurse is so broad today that it calls for specializing. She is called not only into homes and institutions, but into schools, the army and navy; she has to study social conditions, she instructs mothers in the care of their children; in fact, the nurse is an educator, and no one has a better chance to prove it than she. She can impart knowledge on preventive work, on hygiene, moral prophylaxis and sanitation; her work in the field of tuberculosis is unlimited.

You will see that the school from which I graduated has been revolutionized, and is one of the leaders in the nursing world today, but the women of today who enter that school, many of them having had greater educational advantages before entering, can never equal the earlier graduates in character, in stability, in courage, in persistence, in bravery, in devotion to the institution and in loyalty, in spite of the up-hill road to what we considered our success at that time.

EXPERIENCES OF AN ARMY NURSE

By MARGARET McCLOSKEY MURPHY, R.N.

Formerly of the Army Nurse Corps

I have been asked, many times, to write of my experiences while in the Army Nurse Corps, therefore I will jot down a few of them while they are still fresh in my mind. I have also been asked whether I would advise others to take up the work. Yes, most assuredly, I would. It is a work which has a charm of its own, beside giving the individual nurse an opportunity to see many parts of the world which she would otherwise never have seen. Many wealthy persons spend a fortune in traveling, but the Army Nurse can go from the Atlantic to the Pacific, and

even across the Pacific to the Orient, without its costing her a dollar. She travels at government expense and has the best of accommodations, a first class ticket, with a Pullman ticket, and an allowance of \$4.50 a day for meals.

To go into minute detail about the work would occupy too much space, therefore I will but draw an outline.

I was appointed from New York City, and on July 1, 1911, after taking the oath of allegiance, I departed for Washington, my first station, where I was initiated into army life, whose nursing work, on the whole, differs very little from that in civilian hospitals. The nurses do not live in tents, as some people suppose, they have large modern buildings and, indeed, the nurses in the army have much better quarters and more homelike surroundings than I ever saw in civilian life. All are congenial, and everything is done to make one feel at home. The eight-hour system is the rule, but in many posts it is only seven, and I believe in the Philippines they work but six.

While in Washington, I visited the White House, the Capitol, and many historic spots in and around that city; among the latter, the National Cemetery, once the private grounds of General Lee, before the Civil War. It is across the Potomac from Washington, at Arlington, Virginia.

My next station was the Army and Navy Hospital at Hot Springs, Arkansas. Here I learned horseback riding, and I enjoyed nothing so well as a gallop across the beautiful Ozark Mountains which surround that city. All the army nurses ride. At one time I said, laughingly, that we should organize a Mounted Nurse Corps, so great is our love for the saddle.

My next move was to San Francisco, and that was the trip of a life time. I cannot find words to paint the grandeur of the Rockies; all day long I remained in the observation car, drinking in their beauty. At Salt Lake City I visited the Mormon temple and tabernacle and also the tomb of Brigham Young. Next in interest was the great desert of Utah and Nevada, where not a tree nor a house could be seen as far as the eye could reach, nothing but sand and low shrubs, and I shuddered when I thought of the heat and the awful thirst of one lost in that desert. The last day of the trip took us through the Sierra Nevada, whose towering peaks and sides sloping down to the river, which looked like a narrow silver ribbon, thousands of feet below, gave one a study of nature never to be forgotten. Lastly, the flowers of California! They bloom the whole year round, and it does one good to go along the street and see the profusion of geraniums that cover the fronts of the houses and extend even to the sidewalk.

While in San Francisco I had a novel experience. A slight earthquake shook the house to its foundation, but the people did not pay any attention to it. Earthquakes are a common occurrence.

I remained in that post seven months, then obtained a leave of absence, which was due me, and went to Honolulu. While there, I sent in a request for discharge, in order to be married, and on May 7, 1913, I obtained my honorable discharge from the Army Nurse Corps.

I regret not having seen the Philippines, as the nurses who go there always spend their leave of absence in China, at very little cost, and as the transports stop at Japan on the way home, they can also visit that country.

There were a few of my many experiences during the two years I spent in the Army Nurse Corps, and because of them I feel glad when I hear that a nurse is taking up the work.

THE USE OF GELATINE IN FOOD FOR THE SICK

By ELIZABETH ROBINSON SCOVIL

Late Superintendent of the Newport Hospital, Newport, Rhode Island

There is perhaps no single factor in the treatment of the sick as important as proper food. In private duty, the subject is often dismissed by the doctor in attendance with the simple order, "Give him liquid diet," or "Oh! let her have the usual things."

It is difficult to vary liquid diet so that the sick person does not get very weary of the monotony of the food that must be swallowed. The private nurse who can feed her patient acceptably and, at the same time, judiciously, has a strong claim on the gratitude of the invalid and the family.

As the case progresses towards convalescence, unless there is a ravenous appetite, it is often difficult to tempt the sufferer to take sufficient nourishment to build up the tissues. Much depends then upon the nurse's ingenuity in preparing and presenting it.

Solid Beef Tea. Gelatin, while containing little that can be used in the body directly, is yet a proteid spacer, and therefore a valuable assistant in the difficult task of furnishing nutriment. To make solid beef tea, extract the juice from the meat by placing it in a bottle set in a saucepan of very hot water, or dry in the inner part of a double boiler. When all the juice possible has been obtained, measure it. To a cup of beef juice, allow a small tablespoonful of gelatin. Pour off half the quantity and, when it is cold, soak the gelatin in it for fifteen minutes. Keep the remainder of the juice hot, and when the gelatin is soft, pour

the hot liquid on it. Season with salt, a little pepper, or paprika, if desired, stand the bowl in boiling water, and stir the mixture until the gelatine is dissolved. When the jelly is hard it may be given in spoonfuls to the very sick, or cut in cubes and served on a leaf of lettuce with a little mayonnaise or boiled salad dressing, for the convalescent.

Juice Meringue. Soak a tablespoonful of gelatin in a cup of cold water, add the juice of an orange, a little sugar, the yolks of two eggs, well beaten, and if permitted, a tablespoonful of sherry, if not, a little lemon juice. Strain into a bowl set into hot water and stir until the mixture is hot. Turn into a mould and set it on ice.

Standing Custard. Milk and eggs being the staple of light diet, whether liquid or semi-solid, the nurse should try to combine them in as many different ways as possible. Gelatine is a valuable assistant in presenting them in new forms, so that the patient will not tire of them.

Soak a tablespoonful of gelatin in two tablespoonfuls of cold milk. Heat a cupful of milk, and when very hot, pour it on one well-beaten egg; mix, and return to the double boiler. Stir until the mixture thickens like custard, pour it on the softened gelatine, add a little sugar and a little vanilla, or essence of lemon. Stir until perfectly smooth, then turn into a small dish and put in a cold place.

Cream Mould. Put a tablespoonful of gelatine to soak in two tablespoonfuls of cold milk. Whip a cupful of cream until it is stiff. If a little remains in the bottom of the bowl that will not whip, add enough milk to make half a cup, if not, use all milk. Heat this and dissolve in it a little sugar and lemon, bitter almond, or vanilla, as preferred. When boiling hot, pour it on the softened gelatine. Stir until dissolved and strain into a granite-ware pan. Place the pan in ice water, or on ice, and when it begins to thicken stir in the whipped cream lightly. Turn it into a dish and keep it cold. Always wet the dish, or mould, with cold water before using it. Cream is indispensable in the diet of a tubercular patient, as fat is especially necessary, and it is often difficult to give it without causing nausea.

Gelatine is given in typhoid when milk cannot be assimilated; one ounce and a half, to a quart of water, flavored with orange juice, or other flavoring, and sweetened with sugar of milk.

In preparing gelatine it should be softened in cold water, dissolved in boiling water, but not boiled. If stirred too much when hot, it becomes stringy and declines to jelly. Strain it through doubled cheese cloth when hot. It jellies in from three to six hours, depending on the conditions surrounding it. It should be put on ice. If this is impossible wrap the mould in a wet cloth and stand it in a draught, renewing the moisture as the cloth dries. When the weather is hot, or wet, more gel-

tine is required to stiffen. Gelatine is extracted by great pressure from the horns, hoofs, hides and bones of animals and purified with sulphuric acid. Isinglass, a very pure form, is made from the air bladder of the sturgeon.

PREPARATION FOR AN OPERATION IN A PRIVATE HOUSE

By L. GERTRUDE ARMSTRONG, R.N.

Supervising Operating-Room Nurse, Samaritan Hospital, Troy, New York

In preparing a room for operation in a private home, there are many things to be considered. The most important, perhaps, is to prepare it with the least possible expense to the family.

Select a room as near as possible to the room where your patient expects to convalesce. The largest room in the house is not necessary, convenience is what is needed.

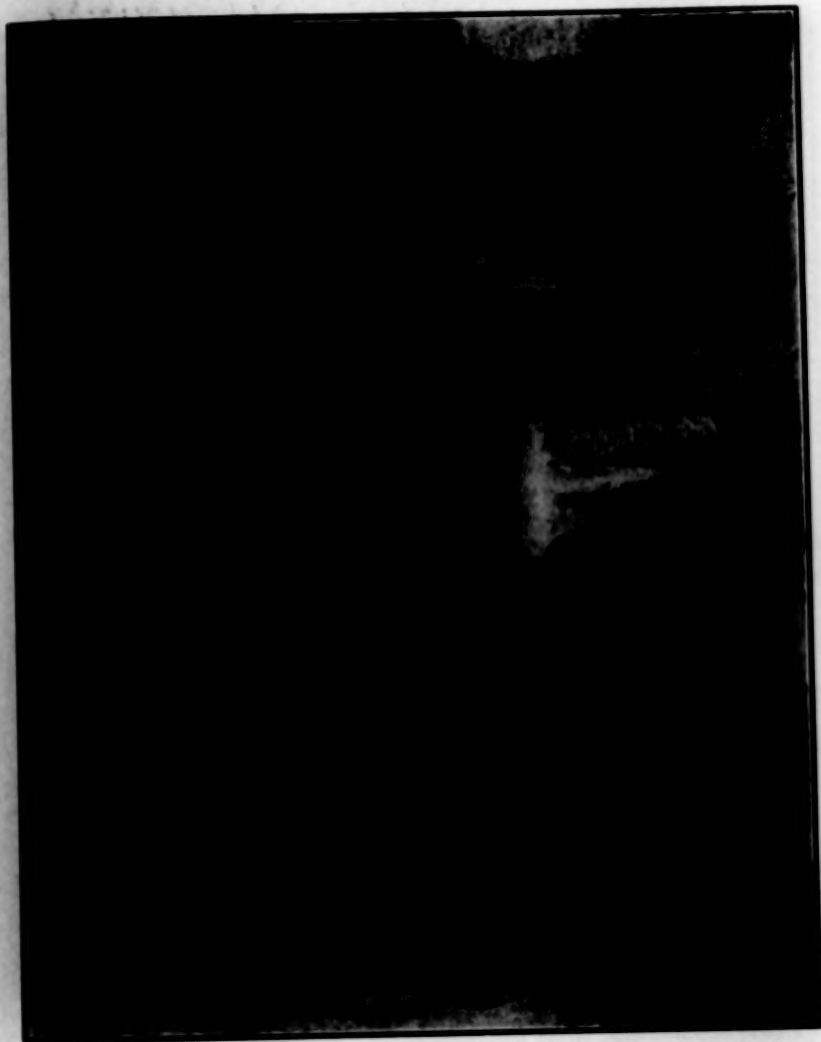
The room presented in the accompanying photograph is a room improvised as an operating-room in a private home. It is one of the private rooms in the hospital and was arranged for a clinic to the nurses in training. We shall have to admit that one cannot always arrange a room quite as elaborately as the one presented here, but it shows what can be done with the material at hand.

To arrange a good room, the nurse should precede the doctor by several hours, or arrive the day before, if possible. Should there be a scarcity of sheets, the walls need not be draped, but it does save time, as the pictures, etc., on the walls can be covered by them and the sheets intensify the light to a great extent. If there is time, remove the carpet; otherwise cover the floor with newspapers and place sheets around the field of operation just before it is to take place.

If you will study the room presented here, you will find with the exception of sheets (it took fourteen to complete this room) no other hospital convenience. You may have to call on a friendly neighbor for a stand or so, but one can nearly always get along with articles found about the house.

On entering the home we think first of sterile water and at once put a boiler on to sterilize, so as to have plenty of it cooling. Then, with the aid of some member of the house, we gather all things needed, getting them together before arranging the room.

It may be interesting to know what was used in preparing the room presented here. The operating table, in the center of the room, is made with two small stands and the door of an old wardrobe for the top. This



ROOM ARRANGED FOR OPERATION IN A PRIVATE HOUSE

is covered with an old comfortable and draped with a sheet. A kitchen table, with a small stand at the head would do, but be sure and tie the legs of the tables together to prevent them from separating.

To the left of the operating table is the stand for dressings and instruments. This stand is an ordinary packing case covered with an old blanket and draped with a sheet. Two small stands could be used with an ironing board across them. The basin for sponges is an ordinary vegetable dish and a meat platter is used for an instrument tray. To the right of the operating table is the stand for solutions, and this stand is a large trunk. The basins, found in almost any household, contain sterile water and bi-chloride of mercury, 1-1000. The two large pitchers are for hot and cold water. The bottles contain a soap solution, made by pouring hot water over small pieces of soap, and a 50 per cent solution of alcohol. The small pitcher holds a 1-1000 solution of bi-chloride of mercury, to be used in preparing the patient on the table. The water used for preparing the patient is in the irrigating bag on the wall at the head of operating table. This same bag may be used for douching, also for hypodermoclysis, etc.

The small table to the right of the solution stand is a kitchen table, and is used for gloves. In private homes, the gloves are sterilized by boiling, so this means that an extra basin, with sterile water, is really needed, although the sterile water solution basin could be used.

The window bench is used here for the apparatus for stimulation. It consists of a hypo set containing all kinds of stimulation, a small alcohol lamp, matches, a glass of sterile water and a spoon. The spoon, water and alcohol lamp are to be used for sterilizing the needle.

The anæsthetic stand can be almost anything, from a small box to a stand. The inhaler here is a newspaper folded in a towel with a piece of gauze stuffed inside. The jar on the floor is to be used for soiled sponges. All china and tinware used can be boiled and placed in a clean receptacle until ready for use. A good improvised sterilizer for towels, sheets, etc., can be made by placing two bricks upright at each end of an ordinary boiler, $\frac{1}{2}$ filled with water, or just enough water to cover the bricks. Over these is placed a broad perforated board. Articles to be sterilized are put into packages, placed on top of the board, the cover is placed on the boiler and the water is allowed to boil for half an hour or so. The packages are then taken out and placed in an oven to dry out. Instead of the perforated board, a large piece of unbleached muslin can be slung across the boiler tied at the handles, and the dressings, etc., are placed in that.

The sterilizing can be going on while the room is being prepared. The room is arranged unsterile, and sterile articles are not touched until the nurse has scrubbed her hands.

The patient is usually prepared on the table.

Personally I have never done any private nursing, but have had a wide experience in preparing homes, arranging rooms of all kinds and conveniences, from the poor family back in the country to the convenient home in the city.

I should be glad to give any suggestions to those interested.

THE GENERALIZATION OF SPECIAL WORK¹

Dr ARMENIA E. YOUNG, R.N.

Graduate of Butler Hospital, Providence, Rhode Island

The question has been asked, wherein does the training of the nurse in the general hospital differ from the training of the nurse in the special hospital for nervous and mental diseases? Dr. Hall, I think it was, very cleverly answered the question by saying that the nurse in the general hospital is taught to specialize in the care of physical diseases, and the nurse in the special hospital is taught to generalize in the care of nervous diseases. When we consider this answer carefully, it is not so contradictory as at first it may appear.

It is not my purpose, however, to point out the difference in the training of the general and special nurse, but rather to show how general the work of the special nurse becomes in caring for the nervous or mentally sick in their own homes, especially if she is one of the efficient members of her profession, and wishes to make her services in any marked degree helpful to her patient and the community. The great need for this kind of nursing is very plainly spoken of in Miss Callahan's paper in the March, 1913, number of *THE AMERICAN JOURNAL OF NURSING*. She says:

One neurologist states that 20 per cent of his cases could not possibly be placed in hospitals, and that 20 per cent more could be cared for at home, if he could find a sufficient number of nurses capable of giving the kind of care necessary for their recovery. Then add the large number of nervous invalids, neurasthenics and border-line cases, all entitled to correct care and advice to prevent their going on to active insanity, and I think you will agree with me, when I say that the young woman who adapts the profession of trained nurse and does not familiarize herself with the needs of the nervous and the insane, cannot quite "read her title clear," as she is not prepared to do her whole duty by the sick.

In the first place, the nurse who cares for the nervous or mentally sick must take into consideration that her cases will be long ones, and

¹ Read at a semi-annual meeting of the Butler Hospital Alumnae Association.

because of this, she will be in a very different position in her patient's home from the nurse who cares for the physically sick, and she must fit herself to meet this requirement. The difference is here; the physically sick patient in the family is looked upon as unfortunate and naturally every consideration is shown her. The stay of the nurse is comparatively short, so any nurse, if she is skilled in her technical work, may do. The very sick are not sensitive to their surroundings, at least not until convalescence, and after convalescence has well set in, the stay of the general nurse in private work is apt to be very short.

The neurotic patient, on the contrary, is too often looked upon as a misfortune to the family and like other family misfortunes, must be put up with, or made the best of. No consideration is shown the patients at all, until they begin to wear upon the family, or attract attention from outside because of their peculiarities. The nurse is not called in until all the efforts of the family are exhausted, and often, then, only as a last resort before sending the patient to a hospital. In most instances the patients are keenly alive to the situation and protest against having a nurse. Once the nurse is admitted, they see themselves always with a nurse, and they are extremely sensitive to a variety of things that would make no impression whatever on the physically-sick person.

The nurse during her training school days is taught to observe and report symptoms correctly, to carry out the doctor's orders with accuracy and precision when possible, and when not possible, because of the resistance of the patient, to promptly report the same. Important as this is in hospital work, it becomes a thousand times more important in private work, and a thousand times more difficult, as it is not always possible to carry out a hospital regime in the home. So the nurse above all must learn to discriminate between what is important and what is unimportant. In many cases the nurse has to be both eyes and ears for the doctor, for we all know that some patients conceal and others exaggerate their symptoms; and subjective symptoms alone are often not sufficient or of little value unless combined with objective symptoms which the nurse will report. Often when the nurse enters the home of one of these patients, she finds the household in a state of chaos, for they have been trying to satisfy the wishes, and allay the suspicions of an abnormal person, and by their very efforts to do so, were perhaps bringing about the condition they most wished to avoid. The nurses' duties in that family are twofold—to care for the patient and protect the family. We all know how important it is to protect the family in the case of germ diseases, but I fear we do not all appreciate how important it is in the case of nervous disease; but just as surely, I think, as the nurse attends to one and neglects the other she will have difficulty. Here again she

must know how to discriminate between what is important and what is unimportant—holding firmly to the one and letting go without apparent notice, the other. To be a little more explicit, it may perhaps be necessary for the nurse to hold the patient to those things which make for a normal family life, on the one side, especially if the patient is going to be cared for at home for any length of time, and just as firmly to insist on the other, that the family grant the patient a freedom of action, so that every little detail of her daily life, which appears to them peculiar, will not be objected to, or above all reasoned with. The patient may want to do this or that thing at perhaps an unconventional hour or in some unusual way, it may not be the best time or way, but if it is not essentially wrong, let her do it both when and how she likes.

Almost all private duty nurses will sooner or later come in contact with these "atmospheric-cross-currents" (I have borrowed the term) which come more or less frequently in most families and which are so jarring to a nervously sensitive person. The nurse should be so well trained that she will be quick to observe them, the moment they start eddying, and be able to steer her patient through them, perhaps unconsciously to those around her, at least with as little show as possible. In a short time she may be rewarded, and the family surprised to find that harmony reigns where there had been discord.

But to do all this well is yet not enough in private work. The nurse must fit herself to live with her patient, and I think it would be well to add, with her patient's family. In her hospital days, when she comes in touch with the family she refers them to the doctor in charge, or the superintendent, or some one higher in authority than herself. This is right, and is an excellent way of avoiding blunders, but she cannot do this in private work, and she must develop some other way of meeting this situation. There are always one or more persons who should know the patient's exact condition, and they will be informed at first by the doctor, but there will be many relatives and friends, no doubt, who will want to know, yet it is much better both for the patient and themselves that they should not know, and the degree of skill with which the nurse will be able to answer their inquiries and satisfy their interest, for this she must do, without telling them anything, will depend greatly upon her resourcefulness.

It is generally believed that the training in a hospital for nervous and mental diseases teaches the nurse how to "get on" with difficult patients. This term "get on" is used almost invariably in the sense of "put up with." In other words it teaches the nurse how to put up with, or have patience with difficult patients. I have heard doctors advise nurses who graduated from general hospitals, to take post-gradu-

ate work in a hospital of this kind, simply for this reason alone. Of course our training does do this, and it is necessary to know how to "get on" in this sense with one's patients, for no one can hope to bring about any very good results with a patient with whom she does not "get on;" but on the other hand, I think our training ought to teach us to know when we do not "get on" which is almost if not as important, and we are less conscious of it. If we only knew, we could at least try to mend our ways.

How many nurses, in both general and special work, have left their cases thinking they gave perfect satisfaction, and have wondered when there was sickness again in that family, why they were not called! Often the most trifling things are weighed in the balance besides good work, and the scales will drop on the side of the trifles. This is reasonable when you think of it, for the patient and family are not always able to judge of good technical work, but they know very quickly whether the nurse's personality is pleasing to them or not. For instance, a patient said to me:

Miss A. is an excellent nurse for anything that I know, but I was thankful to have her go. She wouldn't let the maid come into my room to do a single thing. She meant all right of course, and I suppose she kept things beautifully clean, but such disorder! I often waned to find my desk chair by the window and a lounging chair in front of my desk. My room looked all the time she was here as if a cyclone had struck it, and yet I could see that she considered me funny if I wanted things put in their usual places.

Another:

Miss B. is a good nurse, but when I began to get better, she insisted upon preparing my food, and yet she didn't know how to cook. I couldn't tell her so. I wanted her to let the cook do it, but she did not want to make extra work for the maids, so I ate her dry chops and tasteless blanc mange, but I was thankful she didn't stay long after I began to get better or I should have starved to death.

Just one more, then I will stop. I sat at table for a short time in a summer hotel, with an old lady who had shaking palsy (that is my own diagnosis). Her maid assisted her in and out of the dining-room and the waitress prepared her food at table, cutting her meat, buttering her bread, etc. She was an unusually interesting woman, and evidently a woman of wealth. When I saw how helpless she was in so many ways, I wondered why she did not have a nurse, who would come to the table with her, and see that she was properly served. Our conversation drifted in that direction one day and this in substance is what she said:

I had two excellent nurses when I had pneumonia, a year ago, and one of them stayed on with me for three months after I was better, but she could not drop her

vigilance over me. She looked after my health so closely that I had no will of my own, to choose what I should eat, or the amount of clothes I should put on. In many ways I would like to have her back but I cannot bear being looked after so carefully.

These criticisms are rather unusual in their character and, to my thinking, show a lack of discrimination on the part of the nurse, that is why I point them out. They are trifling when compared with the real duties of the nurse, but they are all instances of where the nurse did not "get on" very well, yet did not know it; for if she had known and was at all able to discriminate, all these could have been corrected.

How many of us know when perhaps some peculiarity of manner annoys our patient? As we do not like everybody, we cannot expect everybody to like us. If we could train ourselves to observe our own effect upon the patient, we might be able to correct some of the elements in our make-up which jar. We all, no doubt, at some time in our experience, have noticed the effect of some particular doctor's visit upon a patient. He did nothing, he simply came in, said a few words and went out, yet we are very conscious of the good that visit did.

It is perhaps needless to say that everything that makes for a well-educated, well-developed woman, makes for a well-educated, well-developed nurse. No doubt you are all familiar with Dr. Cabot's simile, but I know of none so good, and it bears repeating. Dr. Cabot, partly in excuse for, and partly in explanation of why nurses talk about their patients when off duty, said: "You fill a pitcher full of milk and tip it up, milk will spill out." Naturally if nothing but milk was put in, nothing but milk can come out. We all know that milk is good and we want to get as much of it as we can, but we know also that a continuous diet of only one thing, if not unwholesome, is at least tiresome, so I think it would be well for all of us, to add a variety of other ingredients to our pitcher of milk, so that when it is tipped up, other things besides milk will spill out, and those who are obliged to take it may find something to their taste. The clergyman would make a poor pastor who has nothing but theology to fall back upon, and I doubt if the doctor would receive many calls, who talked of nothing but symptoms and remedies. The nurse who cares for the neurotic patient should have a variety of interests at her command, that sooner or later, she will be able to find, or develop, a common interest with her patient, which she must attend to with the utmost skill, for this may be the little heaven which if properly cared for, will lighten the whole lump. Every accomplishment that the nurse may acquire, will some day be sure to be called into use in the care of these patients. To read aloud well is very important; to tell a bright story in a concise, agreeable manner; to play the piano or sing, if ever so

little; to be able to adapt oneself gracefully to games of all kinds, and especially to out of door games; to have sufficient knowledge of botany to be able to take an intelligent interest in the trees, shrubs, and wild flowers, that are all around us; to be apt at all handicraft work. Don't misunderstand me, the nurse need not be brilliant at any of these, but she must be intelligently interested in them, for they are all valuable additions to her training. I know some nurses are afraid of injuring their professional reputation if they appear to have any other interest besides that of their work; they spend so much time in wrapping up their reputation in imaginary cotton-wool, that they have no time to acquire anything else. This is a mistake. I never hear a nurse say "I cannot do this," or "I cannot do that," for professional reasons, but I think her profession must have been prematurely born, or else in a very delicate condition.

Let us never think of ourselves as the finished product of some training school. I always disliked the term "trained nurse" for that very reason, it implied that we had passed through our training. We have passed through a valuable period of it, but we have still much to learn. A mushroom may spring up in the night, but it takes years to develop a nurse.

CARE OF HYPODERMICS

By AGNES MEYER, R.N.

Graduate of the City Hospital, Frankfurt, Germany

One of the most important problems, which has never been quite satisfactorily solved, is that of keeping hypodermics ready for immediate use. Though the danger of infection has been constantly impressed upon the pupil nurse, apparently no effort has been made to simplify the ordinary procedure. After studying various methods employed in different countries, the one in use in a German hospital seems to be the most practical and economical, the quickest and simplest.

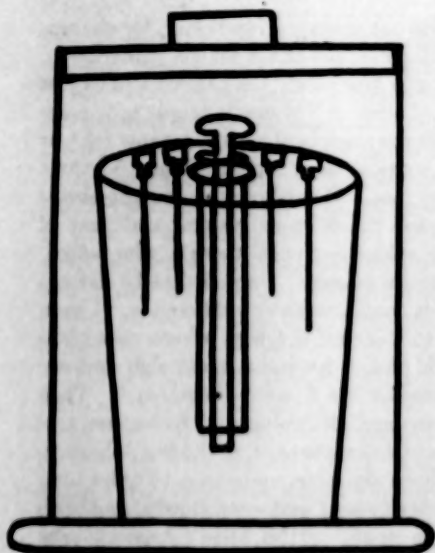
There they use a plain glass jar, with a tight-fitting ground-glass stopper, 3 to 4 inches high. Inside is a movable glass receptacle, with one large opening in the center for the hypodermic, and four small ones for the needles. The jar is filled with a solution made of sterile glycerine and 95 per cent alcohol, equal parts, leaving the top of the piston and the screw of the needles dry. Besides this, are used: (1) a jar of sterile sponges; (2) a small glass block with a depression, holding the same amount of fluid as the barrel of the syringe; (3) a bottle of ether.

Method of Using. Remove the cover of the glass jar, pour ether into the receiving block, empty the hypodermic properly, and fasten the

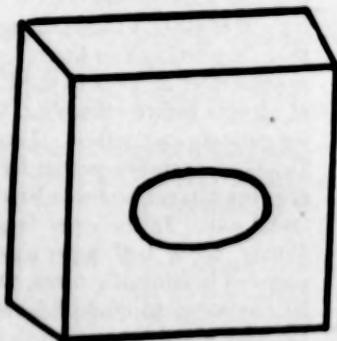
needle to it, draw up ether and syringe it back to be used again before replacing the hypodermic to the receptacle.

The advantages of this method are: (1) hypodermics are always ready for use on several people without delay; (2) the needles are kept sharp much longer, because the point never touches anything but the patient; (3) the solution used is sterilising. Glycerine is added to prevent the rusting of needles, which alcohol is apt to do, and ether dries the syringe and needle of the glycerine; (4) economy of time, only once a week the whole apparatus needs cleaning; (5) economy of material, fewer needles are required as they do not wear out as quickly. It is not necessary to waste expensive disinfectant in cleaning hypodermics before and after use, or in frequent changing of the solution used in the receptacle.

Unfortunately these containers are not made in the United States.



No. 1



No. 2

LETTERS FROM A PRIVATE DUTY NURSE

IV

THE NURSES' LODGE.

DEAREST MARY:

Thanks for your good letter. You need not worry about me a bit. I am getting on capitally.

You know I have been doing institution work the past few years and I had really forgotten how funny private nursing can be. I suppose I mean how funny folks can be; for, of course, in private duty we see them, not on dress parade, but in negligé, so to speak.

I had a woman a few weeks ago at the Hotel Royale. She paid \$100 a month for her room, had lace night dresses and bewitching French gowns, powdered her face, dyed her hair, and read Marie Corelli. She did not care for good books, for children, for religion, nor for anything that I could make out, except having her own way and ordering people about. That was meat and drink to her. She dismissed me because I would not give her medicine that was not ordered whenever she asked for it. I was sorry I had not managed her better, for she was Dr. Fraser's case and he is one of the directors of the Lodge, you know.

What I started to write about was how funny the patient I have just had was while he was coming out of ether. Not many people talk, coming out of ether, I think, though they are nearly always in a panic for fear that they will. You know I did surgical work for Dr. Deane for three years, before he went to the Philippines. He always gave a hypodermic of atropin before etherizing, to quiet the nervous system; and none of his patients ever talked. I had a college boy once, though, who talked. Dr. West operated on him for cervical glands. I noted that he did not give the atropin and wondered if it would make any difference. I soon found out. As the ether began to wear off the boy, whose name was Jimmy, threw both arms above his head, heaved a great sigh and announced in emphatic tones, "Columbia is a fine old Columbia." Then he proceeded to quote Shakespeare and Browning and to lecture a la Brander Matthews. He was pretty noisy about it, and Miss Johnston, Dr. West's office nurse, who had been assisting, undertook to quiet him. He looked at her with solemn curiosity and said very slowly, and with emphasis on each word, "Who are you?" "I'm Miss Johnston," she replied crisply, "and I want you to be quiet." "Oh yes, I know," he responded, with immense satisfaction, "Christie Johnston by Anthony Hope."

Well, the patient I want to tell you about was not a boy, but a good physician, of sixty-five years, Dr. Draper of Boston. He was unfortunate

enough to have a mastoid. Dr. Vance operated, and did not give a preliminary hypodermic. Dr. Draper started in courageously, taking the ether himself, but as soon as he had enough to lose consciousness and self-control, he gave us a lot of trouble. His tongue fell back in his throat and he choked and turned blue and was a long time going under completely. I thought, compared to Dr. Crandall, who is so dextrous and gentle, that Dr. Vance was rough. He used the curette very little and the mallet and chisel a good deal. There were splinters of bone flying in every direction. It was critical, too. He had to go within only a thin layer of the dura mater.

Finally, it was over, Dr. Draper back in bed, and Dr. Vance and his assistant, having been refreshed with coffee at my suggestion, had gone to meet their office engagements. For a while the Doctor slept and, for another while, he was nauseated. Then he began to talk, meditatively. He said: "All my life I have tried to be considerate of other people, but it makes no difference, I get it in the neck just the same. Getting up nights when I was almost too tired to dress myself, and going out to visit poor women and sick children. I wish I had Dr. Vance here, I'd punch his ear." He moved restlessly and I adjusted the pillow. He regarded me, and said, appraisingly, "You look like a pretty good girl." Then, "Where's my wife?" "She is down stairs," I answered. "She is a damned crank," he asserted seriously. He looked as if he expected a reply, so I said "We are all rather peculiar." "Tell her to come up here," he commanded. I went to the stair and called Mrs. Draper. I told her her husband was only partly out of ether and cautioned her not to mind if he said queer things. She came into the room, a sweet, serene woman of sixty, and sat down by the bed. "Are you comfortable now, dear," she asked. "Why, Rachael," he replied, "I was thinking only of you." And so I left them and went down to my much-delayed dinner.

I was about half through, when I heard Mrs. Draper calling in a startled voice, "Miss Ramsay, Miss Ramsay," I ran up stairs and found that the Doctor was thrusting his fingers under the bandage into his dressing. An ignorant person would have been afraid, even coming out of ether, to meddle with the dressing, but here was the wise man up to mischief. I promptly gave him a hypodermic of morphin and atropin that Dr. Vance had ordered, and reinforced the dressing, for he had disturbed it so much that it had stained through. Then I sat down by the bed and rested my firm hand on his weak one, for that seemed to soothe him. He looked at me seriously and said: "When the Almighty created the heavens and the earth and all that in them is, He very considerably included the word damn." Presently he fell asleep; and that was the

last big word I heard. During the remainder of my stay he was a most courteous gentleman.

He made an excellent recovery and I was so glad. I have never lost a child with a mastoid; but I did lose a gentleman about Dr. Draper's age once. He was an interesting man and an artist. I felt apprehensive about the Doctor and was most joyful that he did so well.

Bonac is a little town where all know each other. The Doctor's patients testified their regard for him by coming in a steady procession to the office door bearing boxes and baskets of good things. They brought fruit and flowers, jellies and custards, chickens to broil and chickens to roast, quail, and fresh oysters, everything that the man could need, and some things that he didn't. Mrs. Draper and I had to help dispose of them.

Mrs. Draper was a dear. She was lovely to me all the while I was there and she insisted on stowing my suit case with jars of home-made jelly and bottles of grape juice when I came away. Bonac has water on three sides and I had the loveliest walks over the hills and along the shore. I used to take the Doctor's field glasses with me.

Everything went so well and so happily that I feel more as if I had had a three weeks' vacation, than as if I had been earning my bread. I have this advantage over you, Mary. Your work keeps you in one place, except for vacations, while mine takes me to various corners of this interesting and beautiful world. However, I won't brag too much; for, while you are at home, I am treading other people's stairs.

The Doctor told me a number of stories that bear out my statement that people are funny. Here is one of them. He told me he was visiting a sick woman one day and said to her daughter, who was a high school student, "Bring me a glass and a spoon." As she turned to go out of the room, he added, "Let it be half full of water." The girl was gone some time. When she returned, she said, "I am sorry to have been so long; but I couldn't find a small glass, so I have brought this one." "In one hand she held a large mirror that she had taken from the wall, and in the other, a teaspoon half full of water." When I had finished my laugh, I said, "That seems incredible, Doctor." "You may say so," he replied, "but the same thing happened to me not a fortnight later in another house. I determined not to be caught again; and the next time I asked for a tumbler half full of water and a teaspoon. It was at the time when goblets were fashionable. The woman was gone a long while, but she finally came back with a tumbler half full of water and a teaspoon. She said, 'I'm sorry to have been so long, but I had to go three houses to get a tumbler. We have only goblets.'"

(Goodbye, with dearest love,

MARGARET.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

AMERICAN RED CROSS NURSING SERVICE

One of the most important duties devolving upon the Red Cross is to provide nurses in time of war and calamity. The National Committee on Red Cross Nursing Service, created by the War Relief Board of the American Red Cross (and consisting of fifteen members, nine of whom are selected by the American Nurses' Association), has been made responsible for the establishment of uniform qualifications to govern the enrollment of nurses and for the organization of an adequate Red Cross nursing personnel. State and local Red Cross Committees of nurses have also been appointed throughout the country. The Red Cross does not conduct a training school for nurses but enrolls, through its local committees, graduate nurses who fulfill the requirements prescribed by the National Committee.

INFORMATION FOR APPLICANTS

Training. To be eligible for enrollment, an applicant must have had at least a two years' course of training received in a general hospital which includes the care of men and has a daily average of at least fifty patients during the applicant's training. Upon recommendation of the local committee, subsequent hospital experience or post-graduate work which seems to supply deficiencies of training may be accepted as an equivalent by the National Committee. Graduates of state hospitals for the insane are not eligible for enrollment unless their experience includes at least nine months' training in a general hospital, either during their course of training or subsequent thereto.

Registration. In states where registration is provided for by law, an applicant, to be eligible for enrollment, must be registered.

Indorsements. An applicant must be a member of and indorsed by an organization affiliated with the American Nurses' Association, and have the indorsement of the training school from which she gradu-

¹ Although these regulations have been printed from time to time in the *Journal*, they are given again at the request of the New York City Local Committee on Red Cross Nursing Service.

ated and of at least two members of the committee on Red Cross Nursing Service in her locality; or must submit such other evidence of fitness for the work as may be acceptable to the National Committee.

Age limits. Applicants must be at least twenty-five and not over forty-five years of age.

Citizenship. Nurses enrolling need not be native-born citizens, but if called upon for service in time of war they would be required to take the oath of allegiance specified in Army regulations. This oath does not in any way affect the citizenship of the nurse, and is only operative during the period of her employment in time of war.

No fee is required from nurses enrolling.

Appointment and badge. Approved applicants for enrollment will receive an appointment card and badge bearing the same number, record of which will be kept on file both by the local committee and the National Committee. The badge will remain, at all times, the property of the American Red Cross, and in case of death, resignation or annulment of appointment, both badge and card should be returned to the National Committee. The use of the badge is protected by act of Congress, and it should not be worn by any other than the person to whom issued.

Resignation. An enrolled nurse may resign, but should do so in writing, to the secretary of her local committee.

Response to call. Nurses need not respond to a call for service in time of peace when such response would seriously interfere with duties already assumed; but in the event of war in which the United States may be involved all Red Cross nurses would be expected to report to their local committees the earliest possible date on which they could be available for service, and should thereafter hold themselves in readiness.

Physical examination. Nurses need not take a physical examination at the time of enrollment, but before assignment to active duty may be required to do so when the nature of the service would render such an examination desirable. This examination will be made at the most convenient point, without expense to the nurse, and by a physician authorized by the local committee.

Compensation. Enrolled Red Cross nurses receive no allowance except when called upon for active service under the Red Cross. At such times the pay will be the same as is provided by law for the Army Nurse Corps—\$60 a month in the United States and \$80 elsewhere, with proper maintenance, traveling expenses and laundry allowance.

A nurse desiring to enroll for Red Cross Service should apply to the secretary of the nearest local committee for application blank. This

blank should be filled out in the applicant's own handwriting and returned to the secretary of the local committee from which obtained. If the address of the local committee is not known, it may be procured by writing to Jane A. Delano, Chairman, National Committee on Red Cross Nursing Service, Room 711, Union Trust Building, Washington, D. C.

A CORRECTION

Through an oversight in the editorial office of the JOURNAL, the name of Fannie L. Clement was omitted from the heading of the article contributed by her to the Red Cross Department in the February JOURNAL. The heading should read: Red Cross Town and Country Nursing Service by Fannie L. Clement, R.N.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK. R.N.

THE INTERNATIONAL CONGRESS IN 1915

Too late for reporting in the February JOURNAL, the heads of American nursing organizations met at the end of January to plan for the meetings of 1915. Genevieve Cooke, president of the American Nurses' Association and Dr. Helen Criswell, chairman of the Arrangements Committee, were there from California, and the main lines of action were decided as follows:

Congress members will begin to assemble on Saturday, May 29, 1915, and on Sunday, 30, there will be informal reunions. Monday, May 31, will be International Day. Countries in membership will be greeted and new ones received. Tuesday, Wednesday and Thursday will be Congress days, the programs being partly arranged by sections, so as to give time for the many subjects pressing for consideration. On Thursday evening there will be a banquet. Friday and Saturday will be for sight seeing. Meantime, somewhere in the week our national bodies of nurses, the American Nurses' Association, the Public Health Association, and the League for Nursing Education (Superintendents Society) will hold their own business meetings at dates arranged by themselves, in some one of the many meeting places at our disposal.

The meeting places will be within the Fair Grounds, and the headquarters will be the "Inside Inn" where our members generally will put up. Its charges will cover the gate entrance for those who wish to go outside the Fair Grounds.

No very definite plans regarding a nursing exhibit can be made until our annual meetings next April, but one feature that has been settled is that a most generous offer has been made by Jane A. Dulano, head of the Red Cross Nursing Service, who will give two prizes for the best inventions by nurses, one, a hundred dollar prize for the best, and the second a fifty dollar prize for the second best invention. Specifications or conditions covering these prizes will be decided by Miss Dulano.

It was decided not to attempt a Historical Pageant, as, with our absence of historical background, this could not be made especially interesting and would be only a weak copy of what has been done per-

fectly in England and Germany. Instead, the special effort and emphasis of the Congress will be laid upon Education Day, which is to be made the occasion of a world wide offering to the Florence Nightingale Memorial Foundation. This, as agreed upon at Cologne, is to be a chair similar to our chair of Nursing and Health at Teachers' College, and is to be developed whenever possible in some college or university in Miss Nightingale's native land.

Education Day will be celebrated at Berkeley, where there is a glorious Greek (out-door) theatre. In this beautiful setting we will have our program (the voice carries perfectly, we are assured) and, at a given point, nurses from all lands, states, cities, training schools, or organized groups, will successively lay their offerings on a suitable raised place in the center of the amphitheatre. This can be made a very charming ceremonial if all will wear uniform or some national costume. Besides some feature of dress which shall show their professional alma mater (as uniform of school, or cash or band with name of training school, or symbol of professional organization, as in the case of those whose contribution has come from, any, a state society or a nurses' club) beside this, all will be asked to carry banners which shall show the nation or state from which they come. Their offerings may be large or small, and presented in purse, bag, basket, or any picturesque way; not collected into one fund, but given in many parts, as this will enhance the beauty of the ceremony. Thus, for instance, let us suppose that each of our state societies sends its messenger with an offering; each alumnus society as well; each training school of standing, those in a state uniting, if they wish, to send a nurse representing them all, or separately if they prefer. Special graduate societies will contribute, such as our Colored Nurses' National Association, each sending its messenger. Foreign countries will bring their donations and we shall see Japan, China, India, the Philippines, Cuba, and Hawaii, as well as the countries of Europe and the colonies of England. Our Indian nurses will appear, and perhaps a Maori nurse can come. The vast size of the out-door theatre will give plenty of room, and it can easily be imagined that the scene will be a charming one. No fear of rain, of course, for California knows its weather.

This, then, will be the special feature of our California Congress, and all the nurses of the world are asked to help make it a success.

The recent appearance of that most fascinating book, Sir Edward Cook's *Life of Florence Nightingale*, should spur and stimulate every woman to recognize her debt to that great pioneer, who was a conscious emancipator of women in addition to all else, for, we are told, while she was yet feeling her way to a career she said to herself "I must open a better life to women."

The chairman of the Education Committee and of the Nightingale Fund is Miss Nutting, with Miss Noyes, Miss Cooke, and Miss Gardner as committee members.

As we go to press the word comes from England of a splendid gift to the endowment fund of Bedford College, London, by Sir Hildred Carlile, in memory of his mother, which leads us to hope that there our Nightingale chair of nursing may be established.

The Editorial Bureau of the Panama-Pacific International Exposition sends out a bulletin headed "Fifteen Nations to Send 6000 Nurses to the Panama-Pacific International Exposition," and goes on to say: "A tidal wave, white-capped and wide-reaching, is scheduled to overflow the streets of San Francisco early in June, 1915."

It is well to aim high, but it is to be feared that the Editorial Bureau is counting on the attendance of more nurses than can be gathered together. However, time will show how large a proportion of the membership of the national and international societies will be at the Exposition and at the conventions to be held there.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF
EDNA L. FOLEY, R.N.

ANNUAL REPORTS

The Chicago Visiting Nurse Association in 1912 cared for 31,970 patients, making 162,425 calls to their homes, an average of 5.0 calls to each patient. This was slightly increased during 1913, when 185,757 visits were made to 32,523 patients, an average of 5.7 calls per patient. Eliminating the "one-call-only" patients, who were not found, or were dismissed immediately to a hospital, dispensary, or some other agency, would raise the average number of calls still more, but even this average does not compare favorably with the following, gleaned from various annual reports: Cleveland, 7 calls per patient; Grand Rapids, 8; Worcester (1905-1910), from 14 to 19; Toledo, Philadelphia and Jamestown, N. Y., 11; Boston, 10 and 11 (1910-1912); Milwaukee and Baltimore, 6; Buffalo, 16.

Of course local conditions, economic, geographical and social, make every community a law unto itself, but in time we may arrive at comparative totals that will help us remedy or justify the discrepancy between an average of 4 visits in one large city and 19 in another (not so large). Why should the cost per visit, according to annual reports, be 37 cents in one city and 84 cents in another, or the treasurer's statement of expenditures and the superintendent's classification of visits be so obscurely phrased that it is impossible for the reader to arrive at the cost?

In small communities, where transportation does not have to be considered, and where friends give most of the supplies, the cost per visit can be materially reduced, but the annual report would be more helpful if this could be shown. It is impossible to estimate in fractions of dollars the value of the service of the visiting nurse associations to the recipients of the visits, but any association that handles public funds should be as well conducted as any reliable business house and should be able to show that it is giving value received to every subscriber. Can associations averaging 25 and 31 cents per visit cost, justify the quality of their service in this day of the high cost of living,

and on the other hand, are associations that average 84, 79, 66 cents per visit making every effort to cut down to the more frequently-found average of 47 to 52 cents per visit? Do not the first averages suggest too many pupil or non-graduate visiting nurses, while the latter is indicative of relief-giving and dispensary and home maintenance that should be subtracted from the grand total of expenditures in order to show, approximately, at least, the cost of the work in the homes?

In a very helpful, suggestive address, delivered at the Atlantic City Conference, Dr. Lee K. Frankel, of the Metropolitan Life Insurance Company, said:

I take it that the practice of most associations will show that the actual cost of nursing service will average from 45 to 50 cents per visit. It should be mentioned here, however, that in a number of instances in our experience the cost of nursing service is above this amount. I think it is an open question whether a large extension of the visiting nurse service to the working classes can be looked forward to, if the cost of such service goes far beyond 50 cents per visit. Even this amount is beyond the ability of the average workman to pay for any continuous period, unless payment can be made through the premiums which he pays for his insurance. I question whether any large number of employers would consider a service of this kind if the cost ran above the figure just cited. Similarly municipal visiting nurse service will probably be limited in its extension unless the cost can be kept within bounds.

Established visiting nurse associations have a double responsibility, first, to their own communities, second to the struggling, recently-organized associations in similar communities, who look to them for help in the details of management. Not a week passes but these first organizations receive requests for reports, literature and records, and the office of the National Organisation for Public Health Nursing is deluged with inquiries of all sorts. Reports are of particular assistance if they are clearly expressed and if the work is described in sufficient detail to enable the reader to grasp the salient features of the local problems and to decide for himself that the work is needed, is well done, and is progressive. In too many reports, minor details are dwelt on too exclusively; in others unadorned statistics are supposed to tell the whole story and the reader is left to get all the desired information from "between the lines." Statistics are valuable because they show the extent of the problem (in our case the need of nursing care in the homes) and because they serve as a basis of research which must be undertaken before the public and legislators are convinced that conditions are bad and need reforming.

We have school and tuberculosis nurses today because Henry Street Settlement and the Chicago, Cleveland and Baltimore Visiting Nurse Associations made the needed contribution of a nurse's time and money

Department of Visiting Nursing and Social Welfare 449

to demonstrate the value of those services to the children and the citizens at large.

Reports are valuable because they give a record of the society's work and its results, and possibly its plans for the future. (It is well to have plans, even if they are changed every year or two. The vision of a bigger, better, saner future always makes more worth doing well the simplest act of today.) A report should render a careful accounting of moneys received and disbursed, and if this is audited by a public accountant, he will be able to suggest the best classification of details. It should also describe the actual work accomplished so that the growth of the work may be clearly seen. It is desirable to show increase or decrease in work. Decrease in certain statistics might indicate a decided increase in the quality of the work accomplished or it might indicate that public agencies were gradually assuming the responsibilities originally borne by the private societies.

Statistics should be carefully classified, the number of visits should be separated from the number and kinds of people, dressings kept clear from interviews, duplications of anything should be carefully weeded out. Old patients and new patients should be clearly designated. Are the new patients individuals never known to the association before, or are they persons treated at different times for different ailments? In a society handling thousands of cases annually, with the aid of a limited clerical force, how is this last classification to be made? How is it made in hospitals, in charity organization societies? If columnar tables are used, all the printer's art should be exercised to make the page intelligible. Totals should not be promiscuously arrived at. The results occasionally seen "grand totaled" in some annual reports remind one of the "number problems" in old arithmetics: "If you had two apples and two oranges, how many would you have?" And the trusting pupil that guessed four, passed to the head of the class.

It has been said that "Figures don't lie, but liars figure," and even unintentional juggling of statistics is hard to condone. Annual reports are not easily compiled. They are sometimes considered unnecessary luxuries, but they are really valuable adjuncts to the work of every organization. Current reports render an account of one's stewardship, and serve as a basis of further appeal. Past reports are the archives of the successes and failures of the work accomplished. One can scarcely afford to be without them.

Sherman Kingsley has been quoted as saying that he always wanted to make sure that his reports would arrive on the desk, not in the wastebaskets of his subscribers, and to achieve this longed-for distinction, an annual report must be worth while from the outsider's viewpoint.

A Chicago visiting nurse, who recently left to assume charge of visiting nurse work in another city, was asked to state her plans for future growth, and they are so helpful that they are given here.

The greatest hope, to reach more homes. This may be accomplished, (a) through the county agent's office; (b) through the attending physician; (c) by leaving a visiting nurse card in the home of each dismissed patient; (d) by an untiring effort on the part of each to explain to each friend the exact meaning of the association; (e) by reaching into the home of the wage-earning man, who possibly has an income of from \$15 to \$25 a week. A man on this wage, even though it be regular, is not able to pay a graduate nurse. Personally I know many families in the city who would gladly pay for the service of a visiting nurse, the sum of 25 or 30 cents, when they would never think of having her come into their homes now, as they feel that it would be accepting charity.

I believe that every family that is not registered with some charitable organization should pay some small fee for the calls. It may be only a "widow's mite" but it is enough to encourage the self-respect of the family. This must necessarily be taught in a kindly manner. It has been proved that the family that pays even a small sum for such teachings and services, is the one that follows instructions most carefully and places a higher value on the call. We know that we ourselves value most that which has cost us some sacrifice or effort, to obtain, rather than something that may be had for the asking. I hope also to make our work more instructive, i. e., to teach "how" and "why;" this is to be done while nursing care is being given.

ITEMS

OHIO. The seventh annual report of the Babies Dispensary and Hospital of Cleveland is full of splendid illustrations, suggestive tables and interesting stories. One beautiful picture, reproduced later in the *Survey*, shows a group of mothers with babies in their arms, standing under a very large copy of Murillo's "Mother and Child" that hangs in the waiting room of the dispensary. The photograph is entitled "Our Modern Madonnas," and the little ones look as if the protection of Mary's Blessed Babe was truly being vouchsafed to them in their helpless infancy. A better way of reminding our grown-up citizens of the sacred claims of babyhood could hardly have been devised. The photograph grips the heart.

The report is full of instances of cooperation for which Cleveland is famous. A three-months' post-graduate course for nurses has been established, and in addition fifteen graduate nurses and twenty-seven pupil nurses had from one to six weeks' observation and practice work with the regular staff nurses. The report contains eight individual reports, the President's, the Building Committee's, the Women's Board's, the Out-Door Ward, the Medical Directors', the Superintendent of Nurses', the Auxiliary Committee's, and the Treasurer's, and every one will bear careful reading.

Edith S. Morgan served as acting superintendent during the absence

Department of Visiting Nursing and Social Welfare 451

of the superintendent of nurses, Harriet S. Leet, who spent the year at Columbia and in Europe. The whole report will repay careful study and analysis and reprinting, but there is room to quote only one sentence here, taken from the report of the Out-Door Ward. "The city paved the alleys on either side of the ward. This did away with most of the dust so annoying in past years." Is further evidence of Cleveland's very enlightened cooperation needed?

During 1912 Sarah B. Helbert, R.N., school instructor of the Anti-Tuberculosis League of Cincinnati, gave 497 lectures to a total of 43,254 pupils and teachers on the prevention of tuberculosis. A reprint of her interesting address given before the State Graduate Nurses' Association of Indiana, at Indianapolis, in October, 1913, appears in the *Lancet-Clinic* for November 15, 1913.

Elizabeth G. Fox (Johns Hopkins), Superintendent of the Dayton Visiting Nurse Association, has been asked to address the students of her Alma Mater at the second biennial vocational conference, to be held at the University of Wisconsin this month. Her paper is to be "The Nursing Profession and the College Graduate."

ILLINOIS. Hilder Ekman (Ravenwood Hospital, Chicago,) has resigned from the staff of the Chicago Visiting Nurse Association, and accepted the position of visiting nurse of the Cheerful Home Settlement of Quincy, Ill.

Isabel Kallman (Augustana, Chicago,) has gone to Litchfield, Illinois, to organize visiting and tuberculous nursing, under the auspices of the Litchfield Woman's Club.

Flora B. Glenn, Superintendent of Nurses of the Municipal Tuberculosis Sanitarium, Dispensary Department staff resigned her position in December, to assume charge of a home of her own in Galveston, Texas. The love, respect and good wishes of more than the tuberculous nurses only, follow Mrs. Robert Grant Country, to her new home. Rosalind Mackay, former head nurse of the dispensary at the Stock Yards district is acting superintendent.

The out-door uniform of the Chicago Visiting Nurse Association consists of a blue felt hat and long, blue coat, on the left sleeve of which is embroidered, in white, the letters "V.N.A." Recently two of the nurses were visiting industrial classes of a large institutional church, and three little girls were heard disputing the meaning of the letters. Virginia, North America, was about to receive the deciding vote, when one child sang out, suddenly "I know, I know. Very Nice Americana." Can a visiting nurse seek or desire a finer appellation?

February 3 was registration day in Illinois, and 25 of the 60 nurses on the staff registered in their home wards. The superintendent registered and voted for university trustee a year ago.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

MEDICAL MISSIONARIES.—The London letter of the *Medical Record* says that a medical missionary is sometimes welcomed by tribes which jealously exclude everyone else. A missionary who penetrated the hinterland of the Soudan, reported that it was mainly through the work of the medical members of the mission that it was possible to secure the confidence of these curious natives. He regards a mission without doctors and nurses as only half equipped.

A NEW TREATMENT OF ALCOHOLISM.—The *Journal of the American Medical Association* says that sugar and alcohol supplant one another in the human body. The alcoholic has an aversion to sugar; the body receives a minimum supply and so cries out for more alcohol. Chronic alcoholism is treated by increasing the intake of sugar and lessening the alcohol supply. The sugar satisfies the craving for the stimulant. Cereals with sugar, sweet fruits, pastry, chocolates and ice cream are advised. If there is a distaste for sweets, the change must be gradual and a dram of lactose in powder given every two hours. Toddy, juleps, and sweet wines are given in the early stages. A sweetened liquor relieves the craving in from one to four weeks. The average case quits alcohol in from three to five days. Cathartics and diuretics are advised to remove the accumulated poison and avoid acute intoxication.

MOST FAVORABLE AGE FOR FIRST CHILD BIRTH.—A German medical journal concludes that the most favorable age for the first birth is between 18 and 23. During this time there are fewer complications for both mother and child. From 17 to 29 years of age is not considered especially unfavorable.

CALCIUM CHLORIDE IN HAY FEVER.—The *Journal of the American Medical Association*, quoting from a German contemporary, advocates the continued use of calcium chlorid in chronic cases of hay fever. It aims to remedy a constitutional defect—probably a disturbance in the function of the para-thyroid bodies. The dosage recommended is a teaspoonful of a 20 per cent solution of crystallized calcium chlorid in distilled water, to be taken in a quarter of a glass of water in the course of the three principal meals. This is especially necessary in persons who do not take much milk or vegetables, and live in regions poor in lime.

PREVALENCE OF NASAL CATARRH.—The *New York Medical Journal* advises the evaporation of more water in artificially heated living rooms,

schools, or public assembly rooms to lessen nasal catarrh. In order to prevent colds excessive clothing should not be worn. This, however, is largely a matter of habit and sudden changes should be avoided.

THE HOT-AIR DOUCHE.—*La Presse Medicale* reports excellent results in the treatment of traumatic and operative infected wounds by this method. The hot air is bactericidal and favors healing.

TREATMENT OF THE CIGARETTE HABIT.—*The Journal of the American Medical Association* says that the treatment advised by the Anti-Cigarette League is the careful regulation of the diet—excluding meat for a time and substituting fruits, cereals, and milk for at least two weeks. Eliminative baths, especially the Swedish bath, assists in getting rid of the stored-up nicotine. Chewing gentian root between meals and washing the mouth with a 25 per cent solution of silver nitrate after each meal for one week is advised. It is said that the silver nitrate combines with the nicotine and renders it extremely distasteful.

VACCINE THERAPY OF WHOOPING COUGH.—*The Interstate Medical Journal* in a review of recent literature on pertussis states that vaccine made from pure cultures of the Bordet-Gengou bacillus has been successfully used in the treatment of whooping cough. In seventeen cases, for the most part, poor, ill-nourished, badly developed children, no bad results occurred. All were cured except three and they showed distinct improvement. Immunizing doses were given to two children who had been exposed to the disease and who had not had it. Neither child contracted it.

FRESH AIR IN PNEUMONIA.—A writer in *The Journal of the American Medical Association* says that fresh air can be furnished either warm or cold. Patients with broncho-catarrhal pneumonia, where the vital energy and body heat are already low, require the air warmed. Where there is genuine fibrinous pneumonia with high temperature, cold, or even out-door treatment is beneficial. In the latter case the patient should be made comfortable with additional covering placed over the mattress and clothes that envelop the body, not merely lie on it. Hot-water bags or bricks should be applied to the feet, if needed. Only the nose and mouth need be exposed to the cold fresh air. In the Adirondack sanitariums the bed-clothes are arranged into a sleeping bag by folding the blankets under the patient on each side and turning them under at the feet.

THE CRISIS IN PNEUMONIA.—The same paper, in speaking of the treatment in this interesting and little understood phenomenon of pneumonia, says that the sudden fall of temperature, the tremendous expenditure of nervous and chemical energy entailed in the final overthrow of the toxemia, the almost instantaneous relaxation of the tired heart,

must be met by artificial warmth, absolute rest, and sometimes by the use of cardiac stimulants. Hot blankets, hot-water bottles, hot water or lemonade internally, and the cessation of all active treatment for the moment will enable the patient, as a rule, to pass through it in safety.

VACCINATION.—In *The American Journal of Tropical Diseases* Dr. Dyer recommends that the vaccination process should stop at the vesicle and not be allowed to proceed to the pustule. The vesicle should be broken and the site treated antiseptically. This prevents the arm from being sore; and the scar is avoided or reduced to a minimum.

DISINFECTION OF TYPHOID STOOLS.—The *Boston Medical and Surgical Journal* advises the adoption of a German method in which the stool is covered with hot water and about one-fourth of the bulk of dejection is added of quick lime, calcium oxide. The receptacle is covered and allowed to stand for two hours. The lime should be in lumps, which are broken into small pieces and spread over the stool. The hydration of the lime generates sufficient heat to destroy the typhoid germ.

LACTATION A PROXYLAKES AGAINST PREGNANCY.—The *Journal of the American Medical Association*, quoting from a German contemporary, says in an investigation of 1200 cases it was found a universal rule that as long as the woman suckled their infants and gave them no other food there was no menstruation and no new conception. The mothers not nursing soon menstruated again and a new pregnancy speedily followed. Breast-feeding, therefore, protects the mother against another pregnancy until she is physiologically ready for it.

TREATMENT IN RINGWORM.—The *Practitioner* recommends a lotion of picric acid, seven grains; camphor, half an ounce; and rectified spirit, half an ounce, as excellent in the treatment of ringworm.

ALBUMIN WATER AS A FOOD FOR NURSLINGS.—The *Medical Record*, quoting from a German journal, says that the digestive tract of a healthy baby is irritated by the administration of egg albumin in water and when the stomach is disordered the effect must be more pernicious. It may cause vasomotor disturbances. Egg albumin, merely left on a baby's lips, was said to have caused severe local and general symptoms.

FIRST AID.—In the newer parts of the Province of Ontario, in places from fifty to one hundred miles distant from a physician, medical cabinets are placed, containing first aid requisites, with directions which enable medical care to be given for a few days until a doctor can be procured.

MISLEADING SYMPTOMS.—In *The Journal of the American Medical Association*, Dr. Brannford Lewis says that nine-tenths of the instances of pain in the back come from muscular rheumatism or some simple cause, without any involvement of the kidneys. Serious disease of the kidneys may exist without any renal symptoms.

LETTERS TO THE EDITOR

STERILIZATION OF TYPHOID STOOLS

DEAR EDITOR: This seems to me the best and most economical method of sterilizing typhoid discharges that has come to my notice. I mean, of course, for private houses, where sterilizing by steam cannot be done. I thought there might be many nurses who would be glad to know of it, as chemical disinfection is so unreliable and expensive.

Massachusetts.

L. L. J.

"To a typhoid stool, add about a cupful of commercial unslaked lime and hot water (50°C.) enough to cover the stool. Cover the receptacle and allow to stand two hours. The hydration of the lime will have generated enough heat to sterilize the stool. An earthen vessel is better than tin. It holds the heat longer. The lime should be in lumps and broken up and scattered over the stool."

This is vouched for by Harry Linenthal, M.D., Massachusetts State Inspector of Health, and Henry N. Jones, Bacteriologist to Massachusetts State Board of Health.

VALUE IN RARE OLD STAMPS

DEAR EDITOR: "A Fortune in Your Garret" sounds interesting, and is more than interesting to the nurse who spends a rainy day in the garret, looking through old letters, probably the accumulation of years, to find a stamp so rare that a present-day collector will pay anywhere from \$7.50 to \$12.00 for it. Such good luck has by no means fallen to my lot, but the study of the stamps which I did find, and the consulting with collectors concerning their value, have revealed the fact that there is some money in cancelled stamps, provided they are uncommon ones. I will pass along some of the information I received, hoping some other nurse may be so fortunate as to find, among her apparently useless papers, a "Millbury," the rarest American stamp, a "Bottleboro," a "Gallad," a "Pleasant Shade, Virginia," a "Rheatown, Tennessee," or some of the less valuable ones of more recent date, which may also amount to something, if one has enough of them. Rare foreign ones are also of value, the triangular "Cape of Good Hope" especially so. A stamp on its original envelope or wrapper is worth much more than a loose one, which might be an imitation.

Pennsylvania.

M. E. H.

GRADUATE NURSES' CLUBS

DEAR EDITOR: In the January number of the JOURNAL, I noticed a request from the nurses of Waterbury, Connecticut, asking for information as to Nurses' Clubs, run on the same principle as theirs, and felt it might be of interest to them to know of the Toronto Graduate Nurses Club of Toronto, Canada.

About six years ago the Toronto nurses felt the great want of a social center and central meeting place, so they set to work to get the over-needful funds and by means of a large bazaar raised about \$4,000. They then drew up a charter and sold shares, about fifty nurses subscribing, and with this as a nucleus they started.

They did not wish a nurses' residence, but purely a club, so they felt that they must start in a small way. They rented a room centrally located and furnished it as a rest and reading room; but just then there appeared, as the fairy tale says, the fairy god-father of Toronto nurses, Mr. J. Ross Robertson, with a magnificent offer of a handsome house, beautifully and suitably furnished, in a central part of the city, next to his own home, which he presented to the nurses for two years and if, at the end of that time, the club was in good financial condition he would give it outright.

So now they have a real club, which is in no way a residence, in charge of a graduate nurse, with the necessary domestic help. The membership is now over two hundred and there are still six months of the two years left. Bedrooms for transient guests make it a delightful place for members to entertain their friends (not necessarily nurses) at the nominal rates of \$1 for bed and breakfast, 25 cents for lunch, 40 cents for dinner. Any member of a sister organization, who is properly recommended, will be received. Guests from the United States, England, India, New Zealand, Italy, and even China are among those who have enjoyed the privileges of the club.

A social life has sprung up among the nurses, showing the need of such a place. Afternoon tea can be had any day. Lunch and dinner parties, dances and receptions are given privately and by the various nursing associations. It may sound giddy to say that six dances took place in one month.

The library is supplied with magazines, stationery, and an assortment of books, from reference books to *Roskin*; and a player piano adds greatly to the pleasure of members who wish to while away a few hours.

Toronto nurses realize their good fortune and wish all nurses had such a fairy god-father as Mr. Robertson, whose efforts to make the club attractive are untiring. It is hoped that any nurse visiting the city will make an effort to see the club where she will be most welcome.

Wishing every success to the Waterbury nurses.

M. A. McKinnon, R. N.

885 Sherbourne Street,
Toronto, Canada.

WHY ARE HOSPITAL POSITIONS NOT DESIRED?

I

DEAR EDITOR: In the December *JOURNAL*, which some magazine I value very highly, occurs your editorial on the above subject. To my very great surprise you claim to say with authority that hospital superintendents all over the country have trouble getting competent graduate help. I have nursed for about eight years in the vicinity of Chicago, and now for the past seven on the Pacific coast. My experience has not been identical with yours at all. During my time of residence in the middle west I found it almost impossible for a well-trained woman to get a good hospital position without influence from some one in authority. Of course, there are a good many hospitals where no refined woman will stay, considering the treatment she receives, just as there are hospitals which are duped by nurses who are more adventuresome. What I am talking about is the well-conducted hospital and the well-trained nurse. Another graduate, who is a very competent business manager, and a thoroughly good nurse, and myself, whom I can without egotism say am a good surgical nurse, have tried for years to get

pleasant hospital positions together, but have never done so. We have owned a hospital now for some time and have not had a very great amount of trouble in getting help. Our greatest trouble is that our place is not large enough to make the work well divided.

Graduate nurses have many times complained to me of a scarcity of hospital positions at \$50 per month, and were I in the field for a position today, I would have no idea where to turn for one. If they are so plenty, why is it we almost never see one advertised the second time in the JOURNAL and yet we see nurses advertise for several successive months for a position and then, to my own knowledge, fail in securing what they desired? It may be that there is a lack of nurses in the farther east who desire hospital work, but it is different in some parts of the central states and west, I am sure, from my own knowledge.

Washington.

S. K.

II

DEAR EDITOR: After reading the editorial in the December JOURNAL concerning the lack of competent women to fill hospital positions, I cannot refrain from offering one reason.

The word discipline, as applied to hospital life, is an obscure term. To how many of those who know does it not convey the meaning "The right of the 'powers that be,' to administer injustice?" The young woman who has had the fine and elevating experience of college discipline finds the hospital term grotesque and a misnomer.

Is it not a common experience that young women who enter hospitals with very high ideals, willing, even eager, for the hospital discipline that will make them efficient, find their ideals all in a tumble a few months later?

The nurse who awakens to this kind of situation does not give up, usually. It is a part of her life's philosophy to complete that which she has begun. She is generally adaptable enough to see the situation, see the humorous side, and come through victoriously. But secretly, she is guarding her old ideals and looking forward to better things. She will get away from the institution that is dragging at her, body and soul, and she will live her own sweet normal life, giving unstinted service to her patients and feeling herself a human being rather than a machine.

Friends and relatives will admire her work and will question her about training school life. Can she advise them to enter, especially will she be willing to have a niece or daughter pass through the experience? No, emphatically. She will tell them that the cost is too great, and she will not be thinking of the expenditure of physical energies.

In the last dozen years I wonder how many have questioned me concerning a nurse's work. Not one have I encouraged too much. I have said, "Yes, it is fine work, but—" and I have tried to give them a real insight into both sides. Three of my nieces have finished college and at least one was attracted to the nursing profession; but I am happy that she has chosen another field. I am wondering whether hundreds of other women, not disloyal to the nursing profession but loyal to those whom they love, are not using the same influence.

The girls who have poor homes, or none at all, and are poorly educated, find the hospital atmosphere more congenial than do women of a higher type. They have not been trained to anything better. There are women of finer minds and

powers as fine, but kept more in reserve, who are not appreciated in hospital life. Doctors seem to prefer usually a giggling, joking "thrashing machine" kind of nurse.

When I read so much these days of the lack of applications both for training and for positions after graduation, I feel like exclaiming—"Certainly, I know it was coming." I hail the day! I am glad it is arriving.

The heads of institutions will do something, now. In my day they gloated over the fact that there were plenty of applicants on the waiting list. Let a girl in training murmur, and she might be quickly packing her trunk. Let me give one or two instances. A girl on night duty was ill. She asked the superintendent for relief. For that awful impertinence she was kept on night duty eighty nights. She died a few days following. Again, a nurse has an entire floor alone on Sunday afternoon in a large hospital. At one end of the corridor a water bottle, placed by a morning nurse, has burst, and the sheets of the patient are soaked. The nurse works quickly because she knows that she can't hear the bells at the other end of the building. As she returns, she meets an enraged superintendent who has answered a bell. She clenches her fist and stamps her foot and shrieks that the patients must not be neglected. Does the nurse have any desire to explain? No, she almost pities the fustian woman, and her own conscience is clear.

Am I giving too extreme and unusual occurrences? Let us hear from others. This was in a great hospital connected with a great institution of learning. Discipline is necessary; but much ill-temper is vented on innocent victims under the head of discipline.

I very much appreciate the JOURNAL. Every page is interesting to me.

R. M.

West Virginia.

III

DEAN EBBOT: In your December issue you invite discussion of the difficulty of getting graduate nurses for responsible positions in hospitals. Permit me to suggest that the matter of recreation may have something to do with this difficulty. I use the word "recreation" in the broadest sense. I have read with interest the letter on "Helpful Table Talk," which suggests a wide field for wholesome recreation; and also "The Home Life of the Pupil Nurse," with its valuable hints which, of course, can be used as well for the graduates, and also for the unskilled help. Other writers have discussed food, hours, discipline, and recreation in a restricted sense; but do the arrangements described in Miss Young's article cover all the recreational needs of even the undergraduates? Like the nurse whom "noble expression asked," don't these women sometimes get tired of a wholly altruistic life? Normally, I have found that my greatest satisfaction in life came by doing for others; but when I am sick enough to have the nurse wash my face and cut my food for me I find great pleasure in receiving such service.

It seems to me that nurses who, I am told, are partly human, would sometimes enjoy receiving in a broader way than is possible in a hospital dormitory. All the recreational plans which I have seen proposed are limited to the hospital grounds. Cannot more provision be made for recreation away from all hospital associations? My wife and daughter visit freely in other homes in the neighborhood, coming in contact with people from most of the 313 occupations listed by the census, and the result is beneficial, both educationally and recreationally.

A woman of maturity whose pupillage is ended, is in peculiar need of the friendly

"less sharpening" that comes from intercourse with those whose lines of thought and interest differ widely from her own, else she will get into a mental rut, and in old age be able to think and talk nothing but "shop." A nurse should have many acquaintances among people of moderate means, whom she can visit freely and informally—as my minister comes to my back door in his shirt sleeves, sometimes. That is, she should be able to take part freely in the social life of the community. She should be as free to do this as is the average shop girl in a small town, or the average married woman of moderate means.

Without putting an undue estimate on the present value of a man (ISAIAH XLIII: 12), I do think a nurse needs male society; she ought to be able to associate sometimes with men of her own age, who are accomplishing things in fields of activity far removed from her own. Men need the refining influence of women; have women no corresponding need?

Opportunities for such social recreation will probably have to be planned or discovered by the superintendent, perhaps through the "ladies' hospital aid association" of the town; or through the ordinary women's clubs; or through the churchmen. Anything that will enlist the interest of the church in the hospital will be a blessing to the church, and ought to be a blessing to the hospital.

Give the nurses a chance to associate with men and women of culture and refinement who will treat them with dignity and respect. I think it will help to solve the problem.

HARVARD E. HARRISON.

Massachusetts.

AFFILIATION OF NURSE EXAMINING BOARDS

DEAR EDITOR: Your editorial in *THE AMERICAN JOURNAL OF NURSING* for January, 1914, was read with considerable interest by the members of this Board. We feel as you do, that greater publicity would be of great advantage to the work of registration.

It is the desire of the Pennsylvania State Board of Examiners for Registration of Nurses to receive suggestions from all sources, which would be of benefit.

It is our opinion that an organization of the different State Boards has not reached that stage of development that would warrant an attempt at organization of all the State Boards. We feel that the organization of each State Board is necessarily slow, because of the various matters to be considered. We would, however, inform you that this Board has reached that stage of development, where progress is being made with greater rapidity and with greater confidence.

WILLIAM S. HENSON, M.D., President.

Pennsylvania.

THE HAVEN COUNTRY CLUB

DEAR EDITOR: We have visited the Haven Country Club and it is ours! And a delightful place it is to spend a day, a week end or a whole vacation. Think of it, nurses; a country club we can call our own, where we can stay in bed for all the meals we like, take long tramps in the woods, spend quiet days on the porch with its magnificent view of the Hudson, and enjoy cozy evenings indoors with books, music or cards! One makes interesting friends there too, teachers, social workers and all sorts of women who have "done things." And one gets away from those

phrases that, I am sure, must have been written in some ancient book of etiquette under the heading "Polite Conversation to a Nurse."

The Club is ours for the asking, but we must belong to it before it can belong to us. We need the Club, the Club also needs us, and cannot live without our loyal support. So hurry up and send your application to Miss M. E. McKay, Superintendent, Nyack, New York—and snatch the first chance to run up over a week end with your best friend. You'll find it hard to tear yourself away on Monday morning, but you will be so glad you belong—and register a vow to come back soon and often.

"R.N."

A WORD FROM ST. LOUIS

DEAR EDITOR: May I say, through the JOURNAL, for the nurses of St. Louis and Missouri, that we are looking forward with pleasure to seeing here many, many nurses from all over the country. We want a big crowd and the best meeting ever held. We shall not be satisfied with less. We are ready to give all a royal good welcome. Miss Stinson and her committee are ready to do anything they can, and others from all over the state are ready to fall into line. We are praying for good weather.

MARGARET MCKINLEY.

NEWS ITEM—TOO LATE FOR PROPER CLASSIFICATION

WISCONSIN

As Eau Claire is to have the meeting of the State Association of Graduate Nurses, on April 7, the nurses there are anxious to have as many as possible from all parts of the state attend, and will do their best to make it pleasant and worth while for them. If any who are contemplating coming will send word of the time and train on which they will arrive, they will make a special effort to meet them and provide for their entertainment.

MARGARET THOMAS,
315 Niagara Street, Eau Claire.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

The seventeenth annual meeting of the American Nurses' Association will be held in St. Louis, April 23-29 inclusive. Affiliated organizations and permanent members are again notified of the fact that dues for the fiscal year May 1, 1914, to April 30, 1915, must be paid before the date of the convention, and should be sent at once to Mrs. C. V. Twiss, 419 W. 144th Street, New York. No association in arrears will be allowed to register a delegate. Associations sending more than one delegate are requested to return at least one former delegate thus insuring greater familiarity with the business of the convention.

MATHILD H. KRUGER, Secretary.

Provisional Program for the Seventeenth Annual Convention, St. Louis, Missouri, April 23-April 29, 1914.

Thursday, April 23. 9 a.m. to 12.30 p.m., Registration. 2.30 to 4.30 p.m., Business session, roll call, reports of officers and committees. New Business. 4.30 to 6 p.m., Tea. 8 p.m., General session, subject: Potential Influence of the Nurse in the Health of the Nation. Invocation. Address of welcome. Response and president's address, Genevieve Cooke. Addresses by Clara D. Noyes, president of the National League of Nursing Education and Mary S. Gardner, president of the National Organization for Public Health Nursing, also by a speaker yet to be announced.

Friday, April 24. 10.30 a.m. to 12.30 p.m., "Private Nursing." (Program to be arranged by consultation with committee appointed at Atlantic City, Minnie Ott, Baird, Crispy, Duncanson, Golding.) 2 to 4 p.m. "Registries." Registries have great possibilities of professional helpfulness. How can they be best developed along business, vocational and research lines? (Program to be arranged in conjunction with League.)

Saturday, April 25. 10.30 a.m. to 12.30 p.m., "Legislation." Ways and Means of Procuring Legislation; speaker from Federation of Women's Clubs, also a speaker from the American Nurses' Association. Actual Legislation Affecting Nurses. California Eight-hour Law, Registration laws, etc. (Program to be arranged in conjunction with League.) 2 p.m., Section Meeting, "Head Nurses." Operating-room Work, its Demands and its Rewards. Relation of Head-nurse to Hospital as Administrator. Relation of Head-nurse to Training School as Teacher. 3 p.m., Section Meeting, "Boards of Examiners." Discussion of topics suggested by the practical experience of members who are doing this work.

Sunday, April 26. Morning, special services in the churches. 2.30 p.m., Mass Meeting, subject: "Place of Religion in the Life of a Nurse." Representatives of the Jewish, Catholic and Protestant clergy will speak. Letters will be read from missionary nurses. The work of religious nursing organizations will be presented. The music will be the singing of service hymns.

Monday, April 27. 3 p.m., "Needs and Opportunities for Post-graduate Work." "Work in the Navy, Chief Nurse." "Inventions of Nurses." 8 p.m., General Session, "Red Cross Work," program to be arranged by Miss Delane.

Tuesday, April 28. 3.30 p.m., Food. "The ideal of health is to obtain complete nutrition, over-feeding as well as under-feeding weakens the body." "Infant Feeding," a nurse; "Food in Health," a domestic science expert; "Food in Disease," a physician.

Wednesday, April 29. 10 a.m., Round tables on subjects called for by nurses present. 2.30 p.m., Business session. Reports from committees, presentation of resolutions, introduction of new officers, adjournment.

Note.—The committee presents this provisional program which has been arranged in consultation with the committee of the League and the Public Health nurses in such a way that the members of all organizations may be able to attend the general sessions of each, and while there will be some opportunity for developing the power of choice, we hope that it will work out so that the members may have time for the informal and spontaneous discussions wherein lie so much of the inspiration of such meetings. Hostesses will be appointed so that there may be always some one to help new members see and hear what they most desire.

ELLEN C. STEWART,
ANNIE E. REED,
HARVEST LEVY,
KATHARINE BROWN,
MARTHA M. RUSSELL, Chairman,
Program Committee.

TABLET OF NOMINATIONS FOR OFFICERS FOR 1915-1916

For president: Genevieve Cooke, R.N., San Francisco, Cal.

For first vice-president: Adela Eldredge, R.N., Chicago, Ill.

For second vice-president: M. Margaret Whitaker, R.N., Philadelphia, Pa.;
Agnes G. Deane, R.N., Detroit, Mich.

For secretary: Katharine DeWitt, R.N., Rochester, N. Y.

For treasurer: Mrs. C. V. Twiss, R.N., New York, N. Y.; Mrs. Reba Thelin Reed, R.N., Orange, N. J.

For directors (six to be elected): Mary M. Riddle, R.N., Newton Lower Falls, Mass.; Ella P. Crandall, R.N., New York, N. Y.; Jane A. Delane, R.N., Washington, D.C.; Mary C. Wheeler, R.N., Chicago, Ill.; L. A. Gilherson, R.N., Philadelphia, Pa.; Mary B. Eyre, R.N., Denver, Colo.; Mrs. Edith M. Hickey, R.N., Seattle, Wash.; Anna C. Maxwell, R.N., New York, N. Y.; Martha Wilkinson, R.N., Hartford, Conn.; Sara E. Parsons, R.N., Boston, Mass.; Mathild Krueger, R.N., New York, N. Y.; Estella Campbell, R.N., Des Moines, Iowa.

BENA M. HENDERSON, Chicago,
MARY A. MORAN, Augusta,
MARY E. GLADWIN, Akron,
ANNA M. REINHOLD ROTZ, Pittsburgh,
MARGARET A. BOWLEY, Chairman,
Nominating Committee.

THE ARRANGEMENTS COMMITTEE for the meetings of three national organizations to be held in St. Louis, April 28-29, have decided upon the Planters Hotel, 4th and Pine Streets, for headquarters of all three of the organizations. The

morning and afternoon meetings will probably be held at the Planters Hotel. The evening general sessions will be held at a church. The mass meeting for Sunday afternoon will be held in the largest music hall, the Odson.

Following are hotel rates:

Planters Hotel, 4th and Pine Streets, 250 rooms. (From Union Station, take Market Street car going east.)

Rooms without bath for one.....	\$1.50 to \$2.00
Rooms without bath for two.....	2.50 to 3.00
For each person over two, \$1.00 additional	
Rooms with bath for one.....	2.50 to 3.00
Rooms with bath for two.....	3.50 to 7.00
For each person over two, \$1.00 additional	

Jefferson Hotel, 12th and Locust Streets, 400 rooms. (From Union Station, take Park or Compton car going north.)

Rooms without bath for one.....	\$1.50 to \$2.00
Rooms without bath for two.....	2.50 to 3.00
Rooms without bath for three.....	3.50 to 4.00
Rooms without bath for four.....	4.50 to 5.00
Rooms with bath for one.....	2.50 to 6.00
Rooms with bath for two.....	3.50 to 8.00
Rooms with bath for three.....	4.50 to 10.00
Rooms with bath for four.....	6.00 to 12.00

Maryland Hotel, 9th and Pine Streets, 240 rooms. (From Union Station, take Market Street car going east.)

Rooms without bath for one.....	\$1.50
Rooms without bath for two.....	\$2.00 to 2.50
Rooms without bath for three.....	3.50
Rooms without bath for four.....	4.50
Rooms with bath for one.....	2.00 to 2.50
Rooms with bath for two.....	3.00 to 3.50
Rooms with bath for three.....	4.00
Rooms with bath for four.....	5.00

American Hotel and Annex, 6th and 7th and Market Streets. (From Union Station take Market Street car going east.) Private bath in each room.

Rooms for one.....	\$1.50 to \$5.00
Rooms for more than one, \$1.00 additional for each person.	

Marquette Hotel, 15th and Washington Avenue, 400 rooms. (Take Park or Compton or 15th Street car going north.)

Rooms without bath for one.....	\$1.00 to \$1.50
Rooms with bath for one.....	2.00 to 2.50
Rooms for more than one, \$1.00 additional for each person.	

Nurses or visitors are requested to reserve rooms by making application directly to the manager of the hotel chosen. It is urged that reservation be made as early as possible.

JULIA C. BRINSON, R.N.,
Chairman Arrangements Committee,
429 S. Jefferson Avenue,
St. Louis, Mo.

THE NATIONAL LEAGUE OF NURSING EDUCATION

Tentative program for the Twentieth Annual Convention, St. Louis, Missouri, April 28-29, 1914.

Thursday, April 28. 9.30 a.m., Meeting of Council of League and special committees. 8 p.m., Opening meeting with the American Nurses' Association and Association of Public Health Nursing.

Friday, April 24. 10.30 a.m., Business meeting, Reports of Standing Committees. 3 p.m., Joint meeting with American Nurses Association on "Registries." 8 p.m., Open meeting on "Standardization of Nursing Education."

Saturday, April 25. 10.30 a.m., Joint meeting with American Nurses Association on "Legislation." 3.30 p.m., Section meeting on "Standards of Entrance to Schools of Nursing."

Sunday, April 26. 3 p.m., Joint meeting of all organizations. Address "Place of Religion in the Life of the Nurse," Dr. Emerson, Indianapolis. Missionary and social activities of nurses under various religious organizations. Music.

Monday, April 27. 10 a.m., Joint meeting with the National Organization for Public Health Nursing on "The Education of the Public Health Nurse." 3 p.m., Section meeting on the "Proposed Course of Study."

Tuesday, April 28. 10 a.m., "Problems of Administration in Training Schools and Hospitals." 3.30 p.m., Section meeting on "Methods of Teaching in Training Schools for Nurses."

Wednesday, April 29. 10 a.m., Closing meeting, business, resolutions.

NOTICE TO NEW MEMBERS

All who have applied for membership in the National League of Nursing Education are notified that while their papers have gone to the Membership Committee, they cannot be acted upon until the next meeting of the League at St. Louis, in April. It is hoped that all these prospective members will be present at the Convention, which will be held from April 28-29, inclusive. Their initiation fee and dues will entitle them to a report of the 1914 proceedings. There are several copies of the proceedings of the 1913 convention, held in Atlantic City, which may be obtained by sending 70c to the secretary.

SARA E. PARSONS, SECRETARY,
Massachusetts General Hospital,
Boston, Mass.

THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Tentative Program for the Second Annual Convention, St. Louis, Missouri, April 28-29, 1914.

Wednesday, April 29. 3 and 8 p.m., Meetings of the Executive Committee.

Thursday, April 28. 9.30 to 11 a.m., Registration. Meeting of Board of Directors. 11 a.m. to 1 p.m., Meetings of permanent and special committees. 8 p.m., General joint meeting.

Friday, April 24, 9.30 to 11 a.m., Informal address by the president, Mary S. Gardner. Reports of officers and committees. Constitution and by-laws. Summary. Paper. 3.30 to 5 p.m., Concurrent Sessions. Committee on Mental Hygiene, chairman, Elvora Thomson. Committee on Tuberculosis, chairman, Curry D. Breckinridge. Relief from viewpoint of relief agency. Economic level below which we can do gratuitous work.

Saturday, April 25. 4 to 5.30 p.m., Concurrent Sessions. Committee on Infant Welfare, chairman, Carolyn C. Van Blarcom. Committee on Industrial Welfare, chairman, Eva I. Anderson. 8 p.m., Open meeting. Report of Committee on Records and Statistics, chairman, Edna L. Foley. Address, "Relation of Vital Statistics to the Public Health Nurse," Frederick L. Hoffman, Prudential Life Insurance Company, Newark, New Jersey.

Sunday, April 26. Special services in the churches. 2 to 3 p.m., Hymns, organ recital, choral society. 3.30 to 5.30 p.m., Public meeting, address by Dr. Emerson.

Monday, April 27. Morning Session. "Education of the Public Health Nurse." "Fundamental Requirements in the Training of the Nurse," Mary S. Gardner. Three minute talks by Misses Thomson, Johnson, Ahrens, Brockenridge, and Lina Rogers Struthers. "Has the Training School any Responsibility for the Education of the Public Health Nurse?" S. Lillian Clayton. Three-minute talks. Afternoon. Concurrent Sessions. Committee on School Nursing, chairman, Lina Rogers Struthers. Origin of School Nursing. Fresh-air Treatment. Dental Work. Little mothers. Discussion of future work: Little mothers, Dental chair in every school, Care of feeble-minded, Physical requirements for working papers. Committee on Hospital Social Service, chairman, Ida M. Cannon. Internal Relations of the Social Service Department.

Tuesday, April 28. 10.30 a.m. to 12.30 p.m. Town and Country Nursing Service of the Red Cross. General Visiting Nursing. Fannie L. Clement. Nancy L. Durney. 1 to 6 p.m., Informal Round Table Conference, arranged on request of ten or more members on subjects desired. 8 p.m. Open Meeting. Report of Committee on Organization and Administration, chairman, Mrs. Arthur L. Aldis. Address, "Community Organization of Public Health Nursing," speaker to be announced.

Wednesday, April 29. Morning, business. Afternoon, reports.

AMERICAN JOURNAL OF NURSING COMPANY

The annual meeting of the American Journal of Nursing Company was held in New York on January 15. The directors chosen for the coming year are: Minnie H. Ahrens, Chicago; Charlotte W. Dunn, Boston; Annie W. Goodrich, New York; Clara D. Noyes, New York; Sophie F. Palmer, Rochester, N. Y.; Mary M. Riddle, Newton Lower Falls, Mass; and Ellen C. Stewart, Omaha. At the first meeting of the new board Miss Noyes and Miss Ahrens were re-elected president and secretary, respectively.

ISABEL HAMPTON ROSS MEMORIAL FUND

THE ISABEL HAMPTON ROSS MEMORIAL FUND COMMITTEE held a meeting in New York City on January 14, when it was decided to enlarge the committee by the appointment of five members, Miss Lawler of Baltimore, Miss Beard of Boston, Miss Krueger of New York, Miss Dunlop of Philadelphia and Miss Gardner of Providence. The other members of the committee are: Miss Melrose, chairman, Miss Novins, secretary, Miss Riddle, treasurer, Misses Goodrich, Maxwell, Nutting, Deak, Delane, DeWitt and Hay. Miss Riddle was appointed chairman of the Ways and Means Committee.

REPORT OF THE NURSES' RELIEF FUND, FEBRUARY 1, 1914

Receipts:

Previously acknowledged.....	\$417.39
Interest on bank balance.....	28.63
L. A. Giberson, Chairman—Calendar Fund.....	1110.00
Ellen A. Gill.....	2.50
Interest on five bonds.....	100.00
St. Luke's Hospital Alumnae Association St. Louis, Mo.....	20.00
The Kentucky State Association of Graduate Nurses.....	20.00
Milwaukee County Alumnae Association.....	10.00
Alumnae Association of Grace Hospital, New Haven, Conn.....	5.00
Mrs. H. W. Smith through Elizabeth E. Gidding.....	10.00
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	\$1723.27

Disbursements:

The Delowe Enmling Company, for calendars.....	\$1125.00
L. A. Giberson, Chairman, advanced expressage and postage on calendars.....	62.60
	<hr/>
	\$1247.60

Balance, February 1, 1914..... \$475.77

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, R.N. treasurer, 419 W. 144th Street, New York, N. Y. and checks made payable to the Farmers Loan and Trust Company, New York. For information address L. A. Giberson, R.N., American Oncologic Hospital, Philadelphia, Pa.

NAVY NURSE CORPS

APPOINTMENTS. Mary K. Calhoun, Jefferson Medical School Hospital, Philadelphia; Esther A. Meier, Jefferson Medical School Hospital, Philadelphia; Maud Alverson, Howard Hospital, Philadelphia, Pa.; Marguerite C. Bagley, Providence Hospital, Oakland, Cal.; Lucinda Patton, Memorial Hospital, Richmond, Va.; Post-graduate course General Memorial Hospital, New York, N. Y.; Margaret A. Lytton, Pulaski County Hospital, Little Rock, Ark.; Post-graduate course New York Polyclinic Hospital; Marion A. Farquhar, Pennsylvania Hospital, Philadelphia, Pa.; Virginia Miller, Good Samaritan Hospital, Lexington, Ky.; Emilie Steiner, St. Peter's Hospital, Albany, N. Y.; Blanche K. Ferguson, State Hospital, Scranton, Pa.; Mary A. Doran, St. Peter's Hospital, Albany, N. Y.; Ellen L. Penna, Illinois Training School, Chicago, Ill.

TRANSFERS. Jean Allan from Washington, D. C., to Brooklyn, N. Y.; Maud Alverson, from Washington, D. C., to Newport, R. I.; Florence C. Egler, from Washington, D. C., to Newport, R. I.; Mary G. Johnson, from Washington, D. C., to Chelsea, Mass.; Edith G. Lightie, from Washington, D. C., to Chelsea, Mass.; Margaret Reitz, from Chelsea, Mass., to Washington, D. C.; E. Helene Hoopner, from Norfolk, Va., to Philadelphia, Pa.; Katherine Patterson, from Philadelphia, Pa., to Mare Island, Cal.; Anna A. Wayland, from Chelsea, Mass., to Brooklyn, N. Y.; Jane G. Mooney, from Brooklyn, N. Y., to Mare Island, Cal.; Lucinda Patton, from Washington, D. C., to Philadelphia, Pa.; Vera Wright, from Washington, D. C., to Brooklyn, N. Y.; Susie Fitzgerald, from Washington, D. C., to Chelsea, Mass.; Claribel M. Pike, from Mare Island, Cal., to Canaan, P. I.; Alice

M. Annette, from Canacao, P. I., to Washington, D. C.; Lucy A. Keenan, from Mare Island, Cal., to Washington, D. C.; Edith Muray, from Mare Island, Cal., to Brooklyn, N. Y.; Mary M. Hickman, from Washington, D. C., to Newport, R. I.; Anne W. Parsons, from Washington, D. C., to Newport, R. I.; Mary J. Carr, from Washington, D. C., to Newport, R. I.; Mary A. Sheehan, from Chelsea, Mass., to Newport, R. I.; Mary M. Ridgway, from Annapolis, Md., to Washington, D. C.; Louise Person, from Washington, D. C., to Chelsea, Mass.; Mary P. Leader, from Washington, D. C., to Philadelphia, Pa.; Mary E. Walsh from Norfolk, Va., to Washington, D. C.; Betty Mayer, from Canacao, P. I., to Philadelphia, Pa.; Anna G. Davis, from Canacao, P. I., to Philadelphia, Pa.; Alice Henderson, from Guam, to Canacao, P. I.; Margaret Pierce, from Guam, to Canacao, P. I.; Esther A. Moser, from Washington, D. C., to New York, N. Y.; Lucinda Patton, from Philadelphia, Pa., to Brooklyn, N. Y.; Philena P. Chestnut, from Newport, R. I., to Annapolis, Md.; Margaret Lytton, from Washington, D. C., to Norfolk, Va.; Emilie Steiner, from Washington, D. C., to Brooklyn, N. Y.; Mina B. King, from New York, to Annapolis, Md.; Sarah B. Stebbins, from Brooklyn, N. Y., to Annapolis, Md.; Mary K. Calhoun, from Washington, D. C., to Brooklyn, N. Y.

Remuneration. Anna B. Annette, Margaret D. Murray, E. Helena Hoepfner, Ada E. Davis, Emily C. Smith, Alice M. Wheeler, Vera Wright.

LENAH S. HIGBEE,
Superintendent Navy Nurse Corps.

NATIONAL CONFERENCE ON RACE BETTERMENT

Four hundred men and women of prominence met in Battle Creek, Michigan, from January 8 to 12, to consider evidence of race deterioration and to consider methods of checking its progress. The Conference had its inception in the efforts of three men particularly interested in race betterment, Prof. Irving Fisher of Yale University, Dr. J. H. Kellogg of the Battle Creek Sanitarium and Rev. Nevell Dwight Hillis, pastor of Brooklyn, New York. At the invitation of a central committee chosen largely by these men, fifty men and women of national prominence in the fields of science and education consented to share in the program. Their addresses, together with open discussion of many of the points considered, constituted a very widespread study of all phases of evident race degeneracy and the advocacy of many ideas of reform. Some of the suggested methods of improvement are frequent medical examination of the well, outdoor life, temperance in diet, open-air schools and playgrounds, the encouragement of rural life, the segregation or sterilization of defectives, the encouragement of eugenic marriages by requiring medical certificates before granting license and the establishment of a eugenics registry for the development of a race of human thoroughbreds.

Among those having a share in the program were: Rev. Nevell Dwight Hillis, Jacob Rila, Judge Ben B. Lindsey, Bocher T. Washington, Dr. Victor C. Vaughn, Dr. S. Adolphus Knopf, Dr. C. B. Davenport, Dr. J. N. Hurty, and the Very Reverend Walter Taylor Sumner.

MAINE

THE MAINE STATE NURSES' Association will hold a meeting at Bangor on March 5, at 8 p.m. A paper will be read by Mary M. Riddle of Newton Hospital, Newton Lower Falls, Massachusetts.

MASSACHUSETTS

THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday, April 14, 1914, in Room 15, State House, Boston, beginning at 9 a.m. Application must be filed at least five days before the examination date. WALTER P. BOWMAN, M.D., Secretary.

Boston. THE BOSTON NURSES' CLUB, through its Instruction Committee, has the following program of lectures for the winter: December 2, Dr. William Conant, president, "Intestinal Stasis;" December 17, Dr. Walter Swift, "The Nurse's Voice and Its Influence in the Sick Room;" January 7, Dean Roumaniere of St. Paul's Cathedral, "The Spiritual Life;" January 21, Dr. William Chensery, "The Care of the Nose and Throat;" February 4, Mary Strong of South End House, "The Opportunity of the Nurse in Social Service;" February 18, Dr. George Sanborn, "Serum Therapy;" March 4, Mary Beard, "The Opportunity of the Nurse in the Public Health Service;" March 18, Dr. E. B. Adams, "Present-Day Treatment of Scollens;" April 1, Dr. James G. Minot, "Children and Tuberculosis;" April 15, Dr. Harry Goodall, "The Mechanism of the Heart Beat;" May 6, Dr. William Harman Van Allen, "Real Foreign Children." By having half of the lectures in the evening, and half in the afternoon, it was felt the free time of all the members would be suited. Tea is served after the 4 o'clock lectures. This is proving to be a very enjoyable feature. The Club members sincerely appreciate the kindness and courtesy of the many busy people who have given them some of their precious time, year after year. The Club can accommodate seventy-five students and the full complement is now enjoying its privileges. In December a cake and candy sale was held in aid of the furnishing fund. The Club has now the nucleus of a fund for a Rest House, and hopes in the future to have a cottage in a near-by country place.

Worcester. THE WORCESTER CITY HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting at the Nurses' Home, January 7, Miss Newcomb in the chair. After transaction of business and reading of reports, the following officers were elected for the ensuing year: president, Anna Newcomb; vice-president, Maude Ridley; secretary, Mrs. Lila H. Henshery; assistant secretary, Delya E. Uardi; treasurer, Mrs. S. D. Smythe. A membership committee, with Gertrude Knowlton as chairman, was appointed, and it is hoped with the aid of this committee to add many new members to the list during the next year. The following committee was appointed to conduct a card party for the benefit of the alumnae treasury: chairman, Katherine Maguire; Maude Allen, Elizabeth Kehoe, Mrs. Frank George, Mrs. Frank Martin, Mrs. Charles Barton, Mrs. Lila H. Henshery. This party was held on the evening of February 17 at the Sorosis Club rooms. The Benefit Association of the Worcester City Hospital Alumnae held a meeting after the alumnae meeting. The fair and dance held in November by this Association was a most pleasant occasion and added about \$255 to the treasury.

CONNECTICUT

Meriden. THE MERIDEN HOSPITAL ALUMNÆ ASSOCIATION held its third annual meeting at Maynards' Goffs House on the evening of January 13. A short business session was followed by a dinner, covers being laid for fourteen. At the business meeting officers were elected for the coming year as follows: president, Edith Hanson; vice-president, Lela Carpenter; secretary, Lucy Beaudier; treasurer, Mary Rahaley; press committee, Mrs. C. W. King. The nurses voted to establish a registry in the near future.

Hartford. LAUREN SUTHERLAND, principal of the training school, Hartford Hospital, sailed on the Clark Cruise to the Orient, steamship *Rotterdam*, on February 2, to be away about two and one-half months.

New Haven. THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular monthly meeting on February 5, with the vice president, Miss Bigelow presiding, and a fair attendance. Routine business was attended to, after which followed a discussion in regard to adding to the local endowment fund, whether to have a limited "sale," or to ask each alumnae member and graduate nurse interested to give one dollar outright; the latter plan seemed the favored one, as giving best results with the minimum amount of labor. Therefore all interested living away from New Haven, are invited to send contributions to Elizabeth Payne, 25 Beers Street, New Haven, at their earliest convenience, and before the March meeting if possible.

NEW YORK

New York. THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION held its January meeting in Florence Nightingale Hall of the Presbyterian Hospital on the evening of January 14.

There were nearly three hundred members and guests present. Miss McKeeble was in the chair. Minutes of the last meeting were read and approved. Reports from committees followed. Miss Noyes took charge of the program, the subject of the evening being "The Standardization of Nurse Education, and The Proposed Amendment to the Nurse Practice Act." In her introduction Miss Noyes spoke of the growth of training schools, and the evolution of the nurse, necessitating a complete readjustment of our point of view, as well as our methods in the study of the question of standardization of nurse education. The individual pupil in our schools determines ultimately the strength of our profession. If we would protect the nurse, the hospital and the public, we must first protect the school. Miss Hilliard reviewed briefly past legislative measures. Mrs. Stevenson, president of the State Association was the next speaker. She called attention to the resolution which takes legislative recognition of the profession. Reasons why educated women should enter our training schools are found in the nurse practice act. The subject of Miss Nutting's paper was on "Some of the Causes for the Scarcity of Applicants, and Some of the Remedies." The scarcity of applicants has nothing to do with laws, or registration, as the same conditions exist where there are no such laws. Miss Nutting suggested the hospitals should stop thinking of pupils as means for getting work done; that skilled graduate nurses should be at the heads of wards; that expert teachers should be adequately paid, and hold a recognized position; that eight hours of work a day should be the maximum. The removal of just causes of criticism, and the building up of a closer relation between the staff and students, would both be of assistance. Genevieve Cooke, president of the American Nurses' Association, was present and in a few words told of the advantages, and some of the defects, in the working out of the eight-hour law in California. Miss Goodrich spoke on "The Nurse, and the Short-Course School." The word nurse has become valuable professionally and commercially through the efforts of nurse educators in the past, why then should a body of untrained women take it from those who have spent years in raising the standards of the name? The short course teaches the vernacular of terms, but not the clinical picture. Miss Goodrich urged everyone to work for the bill, and suggested several ways in which this might be done. At the close of the meeting, a

series of questions given out by Miss Noyes were answered by different members of the League, taking up various phases of the subjects already discussed.

THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION held a meeting at the New York Hospital, on the evening of February 4. A demonstration was given by the pupil nurses, showing their methods for giving slash baths, cold packs, mustard foot baths, improving and applying an ice coil (made of rubber tubing interwoven with tapes), arranging suspensory icecaps so as to give the cold without the weight, and the applying of cups and stupes. For the latter, a new material was shown, spongesplene, a sort of thick wool felt, with a leather back, which requires changing about every half hour.

THE CENTRAL CLUB GENERAL MEMBERSHIP held its annual meeting at the club house, January 14, Mrs. Nathaniel Bowditch Potter presiding. Reports showed that the club was 99 per cent self supporting, that there is a waiting list, and a need for the larger club soon to be begun. Those elected to the cooperative committee are: Margaret Bowley, Annie McEdwards, Frances Larkins, Joan G. Hayman and Mrs. C. V. Twiss, to represent professional members; and Mrs. Edward T. Harkness, Mrs. Nathaniel B. Potter, Mrs. John T. Pratt, Ellen L. Adee, and Martha McCook, representing non-professional members. The membership of the club represents 167 training schools. Tea will be served to members on Fridays during March, from three to five. On Mondays in March, at the same hours, St. Barnabas' Guild will serve tea to members of the Guild and friends. On the first and third Tuesdays the Presbyterian Alumnae serve for the benefit of their pension fund.

THE LECTURES OF THE PUBLIC HEALTH EDUCATION COMMITTEE, given at the Academy of Medicine, will be brought to a close on March 5, when the subject for discussion will be *The Nervous Woman*, papers being given by Dr. William B. Pritchard, Dr. Mary S. Macy, and Dr. Smith Ely Jelliffe.

THE MT. SINAI ALUMNAE ASSOCIATION at its annual meeting elected the following officers: president, Frieda L. Hartmann; vice-president, Eva Elliott; recording secretary, Helen Moses; corresponding secretary, Anna McEdwards; treasurer, Mrs. Albert A. Epstein; treasurer pension fund, Jennie Greenthal; secretary pension fund, Emma Chadwick. At the meeting of the Association held at the training school on February 5, a special effort was made to interest the members in legislation. Miss Goodrich and Mrs. Stevenson spoke.

AMY M. HILLIARD, superintendent of the Neurological Hospital, has resigned from that position to take that of State Inspector of Nurse Training Schools, with headquarters at Albany.

THE DISSEMINATION AND WORKERS OF THE HENRY STREET SETTLEMENT commemorated its twentieth anniversary by exercises held in the gymnasium on the afternoon of January 31. Addresses were made by the Mayor, John F. Mitchell; the superintendent of schools, Dr. William H. Maxwell; the director of the Bureau of Child Hygiene, Dr. Josephine Baker; Jacob H. Schiff, Mrs. G. Florence Kelly, Mrs. Max Moraguthau, Mr. Samuel Lowenbrun and Miss Wald.

BROOKLYN. THE ALUMNAE ASSOCIATION OF KINGS COUNTY HOSPITAL TRAINING SCHOOL held its annual meeting in the nurses' home, January 27. Besides the regular business, the following officers were elected for the coming year: president, Julia Donaghue; vice-presidents, Alice Van Horn, Kathryn James; treasurer, Lovetta Flannery; secretary, Lucy D. Treadway.

THE ALUMNAE ASSOCIATION OF THE METHODIST EPISCOPAL HOSPITAL at the annual meeting, held on February 10, elected the following officers for the coming

year: president, Ella B. Kurs; vice-presidents, Mrs. William Phillips, Sara Johnson; recording secretary, Jean D. Richards, 315 9th Avenue; corresponding secretary, Miss Kharrie; treasurer, Miss Ferris. The reports showed good work done during the past year. Six delegates were appointed to the Kings County Nurses' Association for the year, and ten delegates to go to Albany on February 17, for the hearing on the Nurse Practice Act. The Association has, at present, 160 active, and 11 honorary members. Victoria Anderson has entered the Army Nurse Corps and is stationed at the Letterman Hospital, San Francisco. Sara Meyer, class of 1922, is in the Navy Nurse Corps, and is stationed at the Brooklyn Navy Yard Hospital.

THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNUS ASSOCIATION held its monthly and annual meeting at the training school, February 5. The following officers were elected to serve for the year: president, Florence Alexander (re-elected); vice-presidents, Elisabeth Percy, Mrs. Cross; recording secretary, Mary Haldane (re-elected); corresponding secretary, Mrs. Alice de Zouches (re-elected); treasurer, Mary E. Holt (re-elected); director, Mabel Mason.

Jamaica. HANNAH CROWLEY, superintendent of Mary Immaculate Hospital Training School and Helen Ryan, assistant superintendent, have resigned and entered a new field of labor. Anna Mahoney, of Southold, L. I., has assumed her duties as superintendent, with Margaret Walsh as assistant superintendent. Both Miss Mahoney and Miss Walsh are graduates of the class of 1910 of this hospital. The hospital is in charge of the Dominican Sisters. There is a training school for nurses connected with the hospital, the course being three years.

Syracuse. JENNIE BRADSHAW, graduate of the Hospital of the Good Shepherd, has been made superintendent of the Broad Street Hospital, Ononda, a position made vacant by the death of Edith Seymour. Arvilla Parter is night nurse at the Seneca Falls Hospital.

Rochester. THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION held its regular meeting on January 27, at the Central Directory. Mrs. Charles G. Stevenson, president of the State Association, was the guest of honor and made a stirring address on Legislation. All nurses of the city were invited to this meeting and the rooms were well filled. Miss Kraemer and Miss Cameron from Canandaigua, and Miss Bean of Baltimore were also guests of the Association at this meeting.

THE ROCHESTER LOCAL COMMITTEE on Red Cross Nursing Service gave a valentine party to the enrolled Red Cross nurses at the Central Directory on the evening of February 11. The new officers of the Local Committee are Mrs. Eacker of the General Hospital, chairman, and Gertrude Montfort, registrar of the Central Directory, secretary.

COLUMBUS RYAN, graduate of Hahnemann Hospital, has accepted the position of head nurse of the Canandaigua Health Home. Elizabeth M. Faust, also a Hahnemann graduate, is charge nurse at Brigham Hall, Canandaigua. Helen J. Stevenson, graduate of the Homeopathic Hospital, has been appointed to a position in the Lyons Private Hospital.

NEW JERSEY

Orange. THE ESSEX, WARREN AND SUSSEX COUNTY NURSES' SOCIETY held a meeting at St. Mary's Hospital on January 13. The resignation of the president, Bertha J. Gardner, owing to removal from the state, was received with regret. In her absence, Margaret B. Squire, vice president, conducted the meeting. It was resolved to send a contribution to the newly-organized People's Legislative

Bureau of New Jersey, which it is hoped will prove very helpful in overruling legal matters at Trenton and acting as a clearing house for legislation desired by constituent organizations and individuals. Dr. I. N. Gray addressed the members on "Mental Hygiene," drawing a comparison between the natural and normal child, and the abnormal and presenting the subject in such an interesting manner that it was regretted that the time at his disposal for preparation had been far too short to say all he had intended. A tea, which was much enjoyed, followed the close of the meeting.

THE ALUMNUS ASSOCIATION OF THE ORANGE TRAINING SCHOOL FOR NURSES held its meeting at the residence of Mrs. Mary Compton, on January 21. About thirty members were present. The project of working towards the possession of a club house in cooperation with the Central Registry, which has already made a beginning in the same direction, was well received. It is a thought that has long been in the minds of many of the members, as there is a distinct need for such an organization. It is proposed to repeat the performances offered by the Doverox Company of open-air plays, which were given with success last year, and no time will be lost in constructing committees, which will fairly divide the work, spread the interest, and endeavor to rouse the enthusiasm of all concerned. A report was given by Elizabeth Pierson as the result of investigations regarding the present status and usefulness of the Isolation Infirmary erected some years ago on the Training School grounds for the use of nurses who contracted contagious diseases. There is now a County Hospital available for such cases, and it was felt that as the need is no longer pressing, and the building is much needed by the Hospital authorities, it was best to send a letter to the Board of Governors, "renouncing all claims to be nursed on these premises, by the Training School for Nurses in connection with the Memorial Hospital, Orange," which was the form of contract hitherto existing. Refreshments were served which afforded a pleasant opportunity for social intercourse.

NEWARK. THE BOARD OF DIRECTORS OF THE NEW JERSEY STATE NURSES' ASSOCIATION held a regular meeting at the free public library on February 2, when plans were discussed for the annual meeting to be held in Orange on April 7.

ELIZABETH. THE ALUMNUS ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES of the Elizabeth General Hospital and Dispensary met in the Pettit Memorial Home for Nurses on January 20. Miss Quinn, the president, had attended the sixth semi-annual meeting of the New Jersey State Nurses' Association held in Englewood, November 4, 1913. The Alumnae Association hopes to affiliate with the State Association in the near future. Arabella E. Crouch, president of the State Association, gave an interesting talk on the "People's Legislative Bureau of New Jersey." A program committee was appointed as follows: G. E. Barker, E. L. Herrmann, Plainfield; L. K. Fox, Westfield; and G. Wiley, Elizabeth.

PENNSYLVANIA

Philadelphia. THE NURSES' ALUMNUS ASSOCIATION OF THE WOMAN'S HOSPITAL held its twenty-fourth annual meeting on January 21 at the Philadelphia Club for Graduate Nurses, the president, Miss Bratten, in the chair. The following officers were elected: president, Nettie W. Guthrie; vice-presidents, Margaret M. Brothie, Sarah S. Stetson, Mabel Smart; recording secretary, Helen S. Bieby; corresponding secretary, Emma P. Vellero; treasurer, Helen F. Greenay. Ten new members were added to the roll during the year. Thirty-seven members paid \$1 each to the Nurses' Relief Fund during the year, and will pay the same for 1914,

making the third year as promised. The Association adds \$25 to this amount from the funds of the society. The Association is interested in raising funds for the night nursing work of the Visiting Nurse Association. Seventy-one dollars has been raised, and a number of nurses have given their services for night work. Mrs. S. S. Entwistle gave a "\$50" benefit for the fund on February 24.

THE NURSES' ALUMNAE ASSOCIATION OF HOWARD HOSPITAL held a regular business meeting on January 6. One member was elected to membership and one old member reflected. Reports show that the building fund is increasing, but not quite as rapidly as is desired. Any one wishing to contribute to the same can do so through B. S. Heminger, treasurer, 736 South 10th Street, Philadelphia, or Mrs. C. W. Price, secretary, 3504 Wayne Avenue, Germantown. Philadelphia graduates of 1913 had a very enjoyable theatre party and supper on December 8.

THE NURSES' ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL have adopted the following resolution expressing their regret for the death of Dr. S. Weir Mitchell:

Resolved that the Nurses Alumnae Association of Philadelphia General Hospital has learned with great sorrow of the death of Dr. S. Weir Mitchell. Doctor Mitchell was one of Philadelphia's philanthropic citizens who brought Miss Fisher over from England to establish a training school for nurses at Blockley. He was always a staunch friend of Miss Fisher and her nurses, who were led to feel that no effort was too great to win his approval. Always sympathetic and appreciative, he was most loyal to nurses and their interests. We feel that we have indeed lost a friend and adviser.¹

SEVENTON. THE GRADUATE NURSES OF THE STATE HOSPITAL ALUMNAE ASSOCIATION held their annual meeting at the Nurses Home on the evening of January 22. The following officers were elected for the coming year: president, Elisabeth Saul; vice-president, Maud Robbins; treasurer, Edith Hutton; secretary, Charlotte Williams; member of the Executive Committee, Edna Long. Much interest was shown at this meeting and several social affairs were arranged for.

ALTOONA. THE ALUMNAE ASSOCIATION OF ALTOONA HOSPITAL held its regular meeting at the nurses' home on February 2. The serious illness of a member of the Association was reported. Arrangements were made for the annual dance. Grace Pardon, class of 1908, who has been a head nurse in the Hospital, has accepted a similar position in the Presbyterian Hospital, Pittsburgh. Anna Olevine, class of 1908, has been made a head nurse of the New Brighton Hospital. Helen Munter, class of 1912, is head nurse at the Memorial Hospital, New Eagle. Margaret Green, of the Pennsylvania Hospital, Philadelphia, has accepted the position of operating-room nurse at Altoona Hospital.

PITTSBURGH. THE ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL, at its last regular meeting, elected officers and disposed of several other important items of business. It was decided to hold the stated meetings quarterly, instead of monthly, and to make the annual reunion a feature of commencement week, which event falls in April. After the meeting a social half hour was enjoyed by the thirty members present. Mary Loonan, of St. Louis, class of 1904, was a guest. The following are the officers for 1916: president, Marie Hanlin; vice president, Mrs. Rebecca McKellar Chatham; recording secretary, May Willette; corresponding secretary, Ida Phoebe Hanna; treasurer, Catherine J. Clover.

¹ Formal resolutions are not usually published in the Journal, but an exception has been made to the rule in this instance of the death of so widely-known a physician as Dr. Weir Mitchell.

NETTA B. HARRIS, class of 1902, Allegheny General Hospital, is the successful social-welfare worker among the girl employees of the McCrory Company store. **Blanche Fisher** is doing good work at the Convalescent Home for mothers and babies at Harnaville. This is supported by the Farmington Society and was opened in June, 1913.

DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination of applicants for registration on Wednesday, May 20, 1914. Apply by mail to the secretary for blanks, which must be filled in and returned by April 20, 1914.

KATHERINE DOUGLASS, Secretary,
416 E. Capitol Street.

MARYLAND

Baltimore. THE CENTRAL DIRECTORY OF REGISTERED NURSES held its sixth annual meeting on January 14, at the Medical and Chirurgical Library. The president, Sarah F. Martin, submitted a gratifying report which is, in part, as follows:

"The Directory has enrolled as members, registered nurses, graduate nurses whose registration is pending the next State Board Examination, special nurses, male nurses and caretakers. Therefore, we are able to furnish a nurse to anyone who is sick, provided they are able to pay what is considered necessary to one whose qualifications will enable them to give the patient care; thereby fulfilling our responsibility to the people who have placed the control of nursing affairs of this state in the hands of the Maryland State Association of Graduate Nurses, under whose auspices we operate. I am sure that none of us will ever forget the registrar of this Directory, Miss Query, whose services in behalf of the Directory will always be acknowledged and appreciated, and whose tragic death removed from our midst one whose presence in both large and small gatherings of nurses will be missed for many days to come. In our present registrar, Mrs. E. P. Hurst, we have been most fortunate to secure a nurse who has been known to the nursing profession ever since the State Society was organized, and who, at the present time, is secretary and treasurer of the State Board of Examiners for Nurses. We have on our Directory at the present time, 55 registered nurses, 20 graduate nurses, 10 special nurses, and 8 male nurses. The increase in calls is most encouraging: in 1912, 908; in 1913, 1392." The Board of Directors appointed by the stockholders for the coming year has elected the following officers: president, Sarah F. Martin; vice-president, Sarah G. Haydock; secretary, Bessie Baker; treasurer, Mary C. Packard.

THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its eleventh annual meeting on January 28 and 29. On Wednesday the business session was held at Oiler Hall at 2.30 p.m., Mrs. E. P. Clark, president, in the chair. The meeting was opened with a brief address by the president. The secretary gave her report which was very encouraging. It showed a considerable increase in membership, an interesting account of the monthly meetings of the Executive Committee, also a report of the four general meetings held during the year. As this is the legislative year in Maryland, an outline of the following bills was given by a member of the various committees interested in their presentation: Hammond Workmen's Compensation, Minimum Wage, Industrial School for Girls. These aroused much interest and were warmly endorsed by the Association. The last bill

aroused particular interest as Mrs. Martha P. Falconer, superintendent of the Glens Mill Industrial School, Darling, was present, and had given a very full and interesting account of the constructive work she was doing in her own splendid school. Reports from the State League of Nursing Education, the Central Directory, the State Board of Examiners were read, also from the various committees, all of which showed an active interest and progress.

Thursday, at 3 p.m., a most interesting demonstration in nursing methods was given at the Johns Hopkins Hospital, Miss E. M. Lawler, first vice-president in the chair. At 8 p.m. the closing session was held at Oiler Hall. Mr. Arthur Day, treasurer of the Fresh Air Fund gave a talk on the work and opportunities of the Fresh Air Fund, and Dr. Curtis F. Burnham gave a fine account of the work he was doing with radium. Both these talks were illustrated with excellent magic lantern slides, and were instructive and very interesting. The following officers were elected for the year: president, Mrs. Ethel F. Clark; vice-presidents, E. M. Lawler, Mary C. Packard; secretary, E. J. Taylor; treasurer, E. C. Lee; members of the board, Misses M. G. Hartman, M. F. Kirchberger, Jane E. Nash. The meeting was followed by a reception, refreshments were served and a delightful hour was spent. It had been hoped that Isabel McInnes would be present, to make the address, but sudden illness prevented her coming, much to the regret of the Association.

GEORGIA

THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold its annual examination for the registration of nurses in Atlanta, Savannah and Augusta, on April 1, 2 and 3. Applications must be filed fifteen days prior to this date. For information and application blanks, address the secretary, E. R. Dandy, R.N., 523 Greene Street, Augusta, Georgia.

WEST VIRGINIA

Wheeling. THE ALUMNAE ASSOCIATION OF THE OHIO VALLEY GENERAL HOSPITAL (formerly the City Hospital) held its annual meeting at the Nurses' Home on the afternoon of January 7. The meeting was opened by Dr. E. A. Hildroth, who gave a splendid talk on "Typhoid Vaccine," and the great good it is doing. The following officers were elected for the year: president, Mrs. R. J. Ballard (re-elected); vice-president, Mrs. Susan Cook; secretary-treasurer, W. Louise Kechert (re-elected); Executive Committee, Mrs. Susan Cook, chairman, Harriet Barry, Elizabeth Young, Alice Young. After the business meeting a social hour was enjoyed, Mrs. Jennie M. Fontaine, principal of the School for Nurses, acting as hostess. Refreshments and music helped to make the occasion a pleasant one. Among the guests of the nurses were five members of the Ladies' Board of the Hospital Association.

MISSISSIPPI

Natchez. THE GRADUATE NURSES' ASSOCIATION OF ADAMS COUNTY held its annual meeting at the office of Dr. R. C. French on the evening of January 14. The following officers were elected: president, L. M. Mullins; vice-president, Mrs. Charles Bauer; secretary, Lucille Forman; treasurer, Lucie Steele. The report of the program committee outlining the work for the year, was approved. Ten minutes, at least, of each bi-monthly meeting is to be given to selected questions on parliamentary law; and the rest of the study period will be devoted to a

set of questions on some one subject for each meeting, these questions to be selected from those given by the various State Boards of Examiners for Nurses. There will be social features quarterly.

On the evening of January 24, Doctor J. S. Ullman gave a very helpful talk to the local nurses' association on "Symptoms of Serious Abdominal Disease." He urged the nurses to aid physicians in educating the public in regard to warnings of trouble in the abdomen and pelvis, and, more especially, those of probably cancerous origin.

Hattiesburg. THE HATTIESBURG NURSES' ASSOCIATION held a very interesting session at its January meeting, "Pneumonia" being the subject for consideration.

THE SECRETARY OF THE STATE ASSOCIATION takes this means of making public an appeal to the nurses in the vast northeast section, and the Gulf Coast region of Mississippi to "come over and help us." "Personal letters sent to hospitals, sanitariums, and college infirmaries, have brought not one response from either of these sections of the state; and, considering the effort which will be made shortly to have a Registration Bill passed by the legislature, such indifference is a serious drawback. Fellow nurses, if you are graduates of the great eastern schools and, consequently, 'puffed up,' you are neglecting your duty, and are retarding the program of your own profession. Mary Trigg of Greenville is Chairman of the Committee on Credentials."

LOUISIANA

STATE BOARD EXAMINATION¹

Anatomy. (1) What is connective tissue and name the three groups of same? (2) Name the bones of the forearm. (3) In classification of joints, under what head would you place the hip and shoulder joints? (4) Mention at least six voluntary muscles. (5) Tell what you know about the masseter and temporal muscles? (6) What special name do you give the membrane surrounding the lungs, and would you class it a serous or mucous membrane? (7) Describe the heart. (8) Trace the blood through the pulmonary circulation. (9) Tell all you know about the large intestine generally. (10) Describe the liver generally. (11) Give gross anatomy and function of the skin. (12) Where do you find sudoriferous or sweat glands?

Physiology. (1) Define physiology. (2) In what part of the circulation does the blood absorb its oxygen? (3) (a) What vessels convey the blood from the heart? (b) What vessels convey the blood to the heart? (c) What are the capillary blood vessels? (4) (a) In what part of the digestive tract is gastric juice secreted? (b) Is the gastric juice normally acid or alkaline in reaction? (5) In what part of the digestive tract are starches acted upon chiefly? (6) What is the source of bile? (7) (a) What is the chief function of the kidneys? (b) Through what channel does urine pass from the kidneys into the bladder? (8) Which of the following are excretions and which excretions: (a) sweat? (b) urine? (c) saliva? (d) pancreatic juice? (9) What nerve governs the special sense of smell? sight? hearing? (10) What is the normal temperature? pulse? respiration?

Obstetrics. (1) Usual preparation of patient for labor in so far as patient's movements are concerned? (2) Preparation from standpoint of anapsis? (3) Mention the number of stages composing labor; briefly describing same. (4) Define words multipara; primipara; inertia; and lochia. (5) What is usual length of

¹ The Board of Examiners of Louisiana is composed entirely of physicians.

labor in primipara? (6) Treatment of new born child, including handling of cord. (7) State length of time cases are usually kept in bed. (8) What care should be taken of the parturient's nipples? (9) Care of laceration of perineum? (10) Mention some things that would come within the province of the nurse in post-partum hemorrhage.

Dietetics. (1) How and what should be the feeding of a new born child and until what age should same be continued? (2) When a child begins taking solid food, state character of food and frequency of feeding. (3) State the average weight of child from birth to one year. (4) What is the relative food value of starches, proteins and fats? (5) Where does the digestion of the above occur? (6) Describe the usual diet in typhoid treatment. (7) What do you understand as the caloric unit? (8) Give approximately the food value of cows milk. (9) What do you understand by the term Pasteurized milk? (10) Give post and pre-operative dieting of patients.

Care of Children. (1) Give your first attention to the new-born baby. (2) Tell all about the care of and how would you nourish baby during first days? What is colostrum. (3) (a) Mention the four methods of feeding infants. (b) Which do you consider best? (4) Tell all about the weight of the baby, during first six months. (5) Tell all you know about cereals and cereal gruels. (6) Mention some of the common causes of diarrhoea in children. (7) State your way of giving an enema to an infant. (8) Mention some common causes of convulsions in children and state how you would manage a child until the arrival of physician. (9) Mention the most common contagious diseases of children. (10) What are nutrient enemata? Give several recipes.

Bacteriology and Hygiene. (1) Define saprophyte; anarobic; antitoxin. (2) Give example of each. (3) Name most common pathogenic bacteria found in impure milk. (4) Give method of Pasteurization in detail. (5) How would you disinfect following a case of gonorrhoea? (6) Outline hygienic care of tuberculosis. (7) What is the most desirable position in reading? (8) Give number of cubic feet air space of patient's room in hospital ward. (9) What exposure of light is preferable for sick room and sick bed? (10) Why?

Medical Nursing. (1) How drop a solution into the eye. (2) General care of a patient with diphtheria. (3) Disposal of excreta from a typhoid patient. (4) Methods of taking temperature in an infant. (5) General measures to prevent bed-sores. (6) General care of a pneumonia case. (7) Hygiene of the mouth and teeth in febrile conditions. (8) General care of the skin of patients with exanthematic diseases. (9) Management of pulmonary tuberculosis, with special reference to climate, rest and diet. (10) Special care of a patient with an acute contagious eye infection.

Surgical Nursing. (1) General preparation of a room in a private house for a major operation. (2) Preparation of a saline, and temperature at which it should be administered. (3) General preparation of patient before giving a general anesthetic. (4) How prepare patient for a radical mastoid operation. (5) What do in a case of hemorrhage after tonsillectomy, until physician arrives. (6) Three methods, with solutions used, for sterilizing the hands. (7) Sterilization of operating instruments. (8) What would you use in giving a simple enema, nutritive enema, an enema for "gas-pains." (9) Give technique of catheterization (in female), with precautions to be observed. (10) Management of patient "reacting" after an anesthetic; relief of the nausea, etc.

Matric Medicine. (1) Define the following terms: (a) antipyretic? (b) vesicant? (c) antiseptic? (d) antitoxin? (e) sedative? (2) Of what drug is cocaine the active principle? digitalin? pilocarpine? (3) Give symptoms and treatment of carbolic acid poison? (4) Give average dose of the following: (a) camphorated tincture of opium? (b) tincture of opium? (c) Dover's powder? (d) morphine? (e) strychnine? (5) Does atropine dilate or contract the pupil? (6) Name two hypnotics? two emetics? one diuretic? (7) In what condition is urotropin a valuable remedy? (8) What are the indications for discontinuing the use of Fowler's solution or any chemical preparation? (9) Name three preparations of iron and the dose of each? (10) In administering acids why should they be given diluted and through a tube?

TENNESSEE

Knoxville. THE EAST TENNESSEE GRADUATE NURSES' ASSOCIATION held its annual meeting on January 9, at the Central Registry. The following officers were elected: president, M. B. Edwards; vice-president, Mrs. E. Minnie; secretary and treasurer, Mary Trigg Jackson, The Richelieu, Knoxville. Twenty-five new members were admitted during the past year, making a total of sixty-five active members in the Association. Miss White and Miss Fuchs were made honorary members.

JEANNETTE M. PAULUS has been appointed a member of the State Board of Examiners for Tennessee, Eastern Division.

Chattanooga. ALMA WILLIAMS, superintendent of the Barrens Erlanger Hospital, after seven years of faithful and efficient work, tendered her resignation to take effect February 1.

OHIO

Columbus. THE ALUMNUS ASSOCIATION OF GRANT HOSPITAL TRAINING SCHOOL held its regular monthly meeting on December 17, in the nurses' reception room of the hospital, with a goodly number present. Dr. O. T. Harding gave a very interesting talk on "Nerve Leakage and its Prevention" which was much appreciated.

MICHIGAN

THE EXECUTIVE BOARD OF THE MICHIGAN STATE NURSES' ASSOCIATION, at a meeting held in Battle Creek, February 5, decided to hold the annual convention in Lansing, May 26, 27 and 28. The program will consist of reports from all the various delegates, especially from those attending the conventions of the American Nurses' Association; National League of Nursing Education and the National Organization of Public Health Nursing, to be held jointly, at St. Louis, Mo., April 22-25. Papers will be given on Tuberculosis, Private Duty Nursing and Training School Inspection. One session will be given to Public Health Nursing. There will be also the usual informal reception and automobile ride. The program in full will be announced at a later date.

THE STATE LEAGUE OF NURSING EDUCATION has elected the following officers: president, Elizabeth Greener, Superintendent of Mackay Hospital, Muskegon; vice-president, Mrs. L. E. Grotter, superintendent Visiting Nurse Association, Detroit; secretary, Mary E. Juhn, Superintendent of Nurses, Woman's Hospital and Infants Home, Detroit; treasurer, Josephine A. Thurlow, superintendent Saginaw General Hospital, Saginaw.

DETROIT. WAYNE COUNTY GRADUATE NURSES' ASSOCIATION, at the annual meeting held on December 8, elected the following officers for the ensuing year: president, Clara E. Shear; vice-presidents, Miss C. P. Vander Water, Emily McLoughlin; recording secretary, Mabel Freedman; corresponding secretary, Elizabeth Hoag; treasurer, Mrs. Ella M. Moore; directors, Agnes G. Deana, Frances Sullivan, Edith Jones, Sarah L. Halsey, Demorris A. Moon. At this meeting it was decided to recognize the two associations: the Wayne County Nurses' Association and the Nurses' Central Directory. A committee of five was appointed to rearrange the constitution and by-laws of the two organizations.

At a special meeting of the Wayne County Nurses' Association, February 6, Katharine Dewitt, of Rochester, N.Y., gave a splendid address on Private Duty Nursing. There was a large attendance, about two hundred nurses being present. The members feel assured that each nurse carried away with her some encouragement and profit. At the close of the program a social hour was enjoyed.

GRACE HOSPITAL ALUMNAN ASSOCIATION held its annual meeting in the Helen Newberry Nurses' Home on January 12, when the following officers were elected: president, Edith C. Jones; vice-presidents, Frances Drake, Rachael Mulheron; secretary, Gertrude Witham; treasurer, Elizabeth McCaw; directors, Imogen Clark, Frances Campbell, Bertha Giffen. At the close of the meeting the members were entertained by Miss Vanderwater, principal of the training school. Miss M. J. Currie, graduate of Rockford Hospital, Rockford, Ill., has resigned her position as assistant principal of Grace Hospital and has taken charge of the Herman Kiefer Contagious Hospital. She is succeeded at Grace Hospital by Miss C. B. Fount, class of 1923. Mayme Lanning, operating-room supervisor of the hospital has resigned to take up public health work in the city. She is succeeded by Margaret Robinson, Hackley Hospital, Muskegon.

FARRAND TRAINING SCHOOL ALUMNAN ASSOCIATION held its annual meeting on January 12, in the Swain Home, fourteen members being present and Miss McLoughlin presiding. The reports of the secretary and treasurer showed a prosperous year, and after the usual order of business, election of officers was held. The following were appointed for the year 1924: president, Miss L. B. Durkee; vice-presidents, Emily McLoughlin, Miss E. Stewart; corresponding secretary, Miss C. T. Owen; recording secretary, Elizabeth Lynch; treasurer, Jean Clarke. directors, Gertrude Barnes, Miss M. Burtill, Gertrude Marchess.

St. Mary's Hospital ALUMNAN ASSOCIATION held its annual meeting on January 8, at the hospital, when the following officers were elected for the ensuing year: president, Margaret Blue; vice-presidents, Elizabeth Robertson, Emma Kander; corresponding secretary, Kathleen Mahon; recording secretary, Amelia Perkins; treasurer, Mary McIntee; counselors: Margaret Rhody, Vina Dottinger, Helen Urquhart, Mary McCallum.

Kalamazoo. THE KALAMAZOO GRADUATE NURSES' ASSOCIATION at its annual meeting elected the following officers: president Edith M. Cowie, re-elected; vice-presidents, Mabel Ross; Florence M. Lee; secretary, Jennie Brower, re-elected; treasurer, Ella Flinn, re-elected; member of the board of censors for three years, Frances Flower. After the business meeting there followed a banquet at the Hotel Bingham and an enjoyable social time.

Cedars. THE NURSES' ALUMNAN ASSOCIATION OF MINNAPOLIS HOSPITAL held its annual meeting and election of officers on January 28, last year's officers were re-elected. At the close of the meeting a banquet was given the members. Eva M. Carey is the secretary.

WISCONSIN

Madison. THE COMMISSION OF EXAMINERS OF REGISTERED NURSES will hold the next meeting in the office of the State Board of Health, at Madison, April 14-15. An examination for state registration will be given in the above office, April 15-16, and in Fond du Lac, April 9-10, to women who at the time of their application for registration shall have been engaged in the actual practice of nursing for three years. All who wish to take such examination must send to the office of the State Board of Health for examination application blanks and return such with fee of ten dollars before April 1. All supplies are furnished by the Committee of Examiners. The place in which the examination will be held in Fond du Lac will be announced in the local papers.

Milwaukee. THE MILWAUKEE COUNTY NURSES' ASSOCIATION held its regular monthly meeting in the Tea Room of Gimball Brothers' department store, January 13. A very pleasing program was presented, consisting of an address by Dr. Nellie Westworth Cargill, an interesting description of a recent trip abroad by Mrs. C. E. Ernst, and some delightful music. The meetings have grown in interest and numbers quite beyond expectations, the attendance averaging from fifty to seventy-five at each meeting, which is evidently due to the central meeting place and the interesting programs which have been prepared. Addresses by prominent physicians have been given, talks on travel, art, social conditions, etc. The social half hour, with refreshments, following the meetings are much enjoyed. They are helpful in enabling the nurses to get acquainted in informal chat over matters of personal interest.

Wausau. THE MILWAUKEE COUNTY HOSPITAL ALUMNUS ASSOCIATION met at the Nurses' Home on the evening of February 2. Following the business meeting, Dr. L. M. Warfield gave a talk on "Serums Used in the Treatment of Disease."

MINNESOTA

Minneapolis. THE HENNEPIN COUNTY REGISTERED NURSES' ASSOCIATION held its usual monthly meeting, January 14. The subject discussed was "The Woman's Welfare League."

Brainerd. THE NORTHERN PACIFIC BENEVOLENT ASSOCIATION HOSPITAL held its tenth annual graduating exercises in Elk's Hall, January 23. A class of seven was graduated. The hall was decorated in red and white, with a profusion of cut flowers. The address was given by Dr. W. A. Coventry, of Duluth, dancing followed the exercises.

MAUDE ISABEL DRAINING, who has been superintendent of nurses at the Hospital, for the past four years, has resigned and will go to her home in Florida. She has been succeeded by Irene English.

ILLINOIS

Chicago. THE ALUMNUS ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL, at its January meeting, decided to help make the sick rooms for pupil nurses at the Home more attractive and comfortable. \$40 was donated for that purpose, part of which will be used in buying a wheeled chair. Various members have given pictures, bed-side tables, bed-side lamps, and nightgowns. A talk on "Child Labor" was given by Agnes Talcott. S. Lillian Clayton has been made instructor of nurses in the training school. She is a graduate of the Philadelphia General Hospital, and of Teachers College. She has been assistant superintendent of the

Miami Valley Hospital, Dayton, and superintendent of the City Hospital, Minneapolis. Laura Wilhelmson, class of 1907, is superintendent of the District Nursing Association of Grand Rapids, Michigan. Ethel Miller, class of 1903, is doing social service work for the Children's Memorial Hospital, succeeding Miss Moran, class of 1900, who has been very ill.

WATER SUNDOWN HOSPITAL is a new private hospital which is being organized at Oak Park, an outlying portion of this city. Helen Scott Hay, late superintendent of the Illinois Training School, is acting as its superintendent during the constructive period, and is assisted by the following graduates of the same school: Lydia Anderson, assistant superintendent; Mrs. Della Corbett, head of maternity department; Mrs. Hildebrand, in charge of the operating department; Ethel McMillin, head nurse. Bonnie Speke of Pratt Institute is dietitian. The hospital has a capacity of about 120 beds, and has the enthusiastic support of the best physicians and citizens of Oak Park. Pupils of the Illinois Training School will receive affiliation training in special nursing, and graduate nurses will be employed as far as they are needed.

THE NURSES' ROUND TABLE met on the afternoon of February 14 at St. Mary's of Nazareth Hospital. "Public Health and College Vocational Bureau" were discussed by Helen W. Kelly and Miss Bennett.

PORIA. THE DEACONESS HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the Hospital, January 15. The following officers were elected for the coming year: president, May Charlesworth; vice-president, Mabel Gillan; secretary, Flora E. Timken; treasurer, Margaret Breitenstein. Much business was transacted and interesting plans for the new year were discussed.

INDIANA

FORT WAYNE. ANTI-TUBERCULAR WORK in Fort Wayne began during the summer of 1912. A graduate nurse was engaged to visit the homes of those afflicted with tuberculosis. Her work consists of teaching the sufferers proper care of themselves and methods of preventing the spread of the disease, distributing literature upon the subject, and supplying tents for out-door sleeping. In case patients have no one to care for them, she gives baths and alcohol rubs and supplies sputum cups and napkins furnished by the Board of Health. Irene Byron, Hope Hospital, class of 1903, has charge of the work at present. A novel idea was carried out during the Christmas sale of Red Cross stamps. An immense thermometer, which registered the amount of sales, was placed in a prominent place in the Court House. The success was so great (200,000 stamps were sold) that hopes are entertained for a tent colony the coming year.

THE NURSES' ALUMNAE ASSOCIATION OF THE FORT WAYNE LUTHERAN HOSPITAL held its annual meeting, December 3, 1912. The following officers were elected: president, Meta Holman; vice-presidents, Anna Loumann, Frances Holmer; secretary, Anna Holtmann; treasurer, Selma Fischer, 804 Wildwood Avenue; chairman of committees: executive committee, M. Holman; program committee, Pauline Hauser; by-laws, Anna Holtmann; social committee, Mrs. A. Rathert; sick fund committee, Lena Kramer.

IOWA

THE IOWA STATE ASSOCIATION OF REGISTERED NURSES will convene in Boone, the latter part of June, the date being announced in the programme. It has been

decided to hold the state meeting after the national, instead of before, as has hitherto been the case.

THE IOWA STATE BOARD OF NURSE EXAMINERS conducted an examination in Des Moines January 27, 28, and 29. There were ninety-nine nurses in attendance.

TEXAS

Houston. THE GRADUATE NURSES' ASSOCIATION held its regular monthly business meetings at the Registry, December 9, 1913. This proved to be one of the most interesting meetings of the year. The suggestion of the president, Miss Wood, that a sustaining membership be taken in the local Anti-Tuberculosis League by paying an annual fee of \$25 was carried. A contribution of \$5 for the Texas flood sufferers was made to the Red fund. The subject of proposed changes in the constitution and by-laws came up for discussion and was referred back to the committee. The local Association has sold \$30 of Red Cross stamps, also a number of calendars for the Nurses' Relief Fund, and has assisted at the opening of the local clinic for the treatment of tubercular patients; it belongs to the Federation of Women's Clubs, conducts a Registry presided over by a graduate nurse, and has a large and active membership. A list of members is published in the *Bulletin*, published and controlled by the Harris County Medical Society. In this publication space is donated for the use of the Association. The Association is always represented at the State Nurses' Association; and is applying for affiliation with the national organization. The Association gave a Christmas banquet at the Rice, covers being laid for twenty-two. It was an occasion which will linger long in the memories of those present. At the regular meeting of the Association, held January 13, Doctor Greer gave an interesting talk on "Nursing Ethics." Lela Orrell will have charge of Dr. O. L. Newberry's hospital during his two years' absence in Europe.

THE BRANFORD GRADUATE NURSES' ASSOCIATION was organized, December 23, 1913. The following officers were elected: president, Miss Tobin; vice-presidents, Miss McDowell; Miss McNally; secretary-treasurer, Mrs. Meyer; reporter, Mrs. J. C. Goodwin.

EL PASO. A. LOUIS DUFFIN has resigned as chairman of the El Paso Committee on Red Cross Nursing Service.

NEBRASKA

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES held its January meeting in the Assembly Room of the Y. W. C. A. at Lincoln, January 22. There was a splendid representation from out in the state. The morning was occupied with a lively interesting business session. A new constitution and by-laws were adopted. Reports of committees gave evidence of effective action. Miss Crandall of New York, spoke in the afternoon on 'Public Health Nursing.' After a very enjoyable dinner together, the members of the Association were invited to visit the Orthopedic Hospital, where Dr. Orr gave a most profitable clinic of demonstrations and stereopticon views.

MONTANA

THE MONTANA STATE BOARD OF EXAMINERS FOR NURSES held a meeting at the State House, Helena, January 5-6, 1914. There were fifty-three applicants for state registration. It was resolved that after certificates were issued to the

successful candidates, a complete list of names and addresses of all nurses registered in Montana should be published in a Helena paper, and a copy of this list sent to each county association of graduate nurses and each local registry throughout the state, making it easy to distinguish the registered nurses from those who are practicing without a license. Any nurse following her profession illegally, who is reported to the secretary of the State Board of Nurses, will be given notice either to comply with the requirements of the law or stop nursing. The Montana law is explicit on this point: "It shall be unlawful hereafter for any person to practice nursing as a trained, graduated or registered nurse without a certificate as herein provided for."

Butte. MURRAY HOSPITAL held graduating exercises for the class of 1914, in the arcade of the hospital on January 28, ten nurses receiving diplomas. A short opening address was given by Dr. T. C. Witherspoon. The address to the class by Dr. Hammond, a pioneer physician in the west, was highly appreciated by all nurses present. Music and a recitation added to the pleasure of the occasion, and the diplomas were presented by Dr. Witherspoon. The exercises were followed by a dance given the graduates by Dr. and Mrs. Murray in their beautiful home. A buffet supper was later served in the hospital.

COLORADO

THE COLORADO STATE BOARD OF NURSE EXAMINERS will meet at the State Capitol, Denver, April 21-22-23, 1914, to examine applicants for registration according to the law. For further information apply to Louise Ferris, R.N., secretary, 1942 Pennsylvania Street, Denver.

IDAHO

Boise. MRS. MABEL S. AVERY, city nurse and police matron, has been appointed by Governor Haines as president of the Idaho State Board of Examination and Registration. Mrs. Avery is a graduate of the Illinois Training School for Nurses, 1906.

UTAH

Salt Lake City. At the regular business meeting of the Salt Lake Nurses Association it was decided to notify other nurses' societies of the state of the intended formation of a state association, which all graduate trained nurses will be invited to join. One of the objects of the state association will be to obtain legislation compelling the registration of all practicing nurses, and prohibiting from practice all those who are not qualified. It is said that there are many such in Utah at present. Elizabeth Schallbarger, head nurse at St. Mark's Hospital, is president of the Salt Lake organization.

WASHINGTON

Tacoma. THE GRADUATE NURSE ASSOCIATION OF PIERCE COUNTY held its regular monthly meeting on February 2, in the "ten room" at the Tacoma Hotel, with a very good attendance of members, and one visitor, Miss Berglund, a pupil nurse from The Good Samaritan Hospital, Portland, Oregon. After routine business, two applications for membership were accepted by the trustees. Two letters were read, one from *The Pacific Coast Journal of Nursing*, asking for any papers read at the meetings for publication; one from MacDougall & Southwick

Co., Seattle, in regard to the nurse uniforms which they have for sale. It is hoped to have reports from the tuberculosis nurses, also from the school nurses, in regard to the work which is in their care; all graduate nurses in civil work in the city are members of the Graduate Nurse Association of Pierce County. Several questions of interest to the nurses were discussed by the members present, who were asked to bring up any subject which would be of general interest.

CALIFORNIA

Los Angeles. THE CHILDREN'S HOSPITAL opened its new building the latter part of January. It is located on high ground and has room for one hundred little patients. The hospital was organized thirteen years ago and has outgrown its first building. In the commodious modern new building special arrangements have been made for out-door treatment.

CANADA

Ontario. LUCETTA J. CROSS has opened a sanitarium at River Road, Welland, Ontario.

BIRTHS

On January 31, at Wheeling, West Virginia, a daughter to Mr. and Mrs. Thomas Doyle. Mrs. Doyle was Sarah Devlin, class of 1910, North Wheeling Hospital.

On January 3, at Philadelphia, a son to Dr. and Mrs. C. P. Major, Mrs. Major was Edith Tumpston, class of 1907, Howard Hospital, Philadelphia.

MARRIAGES

On December 25, at Los Angeles, May Lucile Herrick, class of 1903, Grace Hospital, Detroit, to John Usher Cowan. Mr. and Mrs. Cowan will live in Salt Lake City.

On September 16, at St. Thomas, Ontario, Lucie Wiggins, class of 1905, Hope Hospital, Fort Wayne, Indiana, to Rev. John De Lacey of Chicago.

Eva Glasgow, class of 1903, Hope Hospital, Fort Wayne, Indiana, to J. McDonald, M.D. Dr. and Mrs. McDonald will live in Huntsville, Ontario.

On January 24, at Bogota, New Jersey, Harriet E. Layton, Hackensack Hospital, Hackensack, to John McNaughton. Mr. and Mrs. McNaughton will live in New Brunswick, New Jersey.

On January 21, in Brattleboro, Vermont, Della E. Streeter, class of 1905, Margaret Pillsbury General Hospital, Concord, New Hampshire, to Francis Oliver Day. Mr. and Mrs. Day will live in Winchester, New Hampshire. Miss Streeter was president of the Graduate Nurses' Association of New Hampshire, 1909-10.

On December 25, in Mount Vernon, Iowa, Louise C. Macleod, class of 1910, St. Luke's Hospital, New Bedford, Massachusetts to Herman D. Zeller. Mr. and Mrs. Zeller will live at Groton, South Dakota.

On September 16, 1912, at Boston, Massachusetts, Jennie M. McDonald, Boston City Hospital, to Ralph G. Reynolds, M.D. Dr. and Mrs. Reynolds will live in Boston.

On December 22, 1912 Anna Harms, class of 1909, Boston City Hospital, to Christian Mylord. Mr. and Mrs. Mylord conduct a pension in Buntshude, Germany a beautiful country place near a pine forest near Hamburg.

Recently, in Portland, Oregon, Martha Barr, a graduate of the Boston City Hospital, to William Buckley. Mr. and Mrs. Buckley will live in Portland. Miss Barr was at the Carlisle Indian School for fourteen years.

On October 1, at her uncle's home, Camden, New Jersey, Dora Davis, class of 1908, Oberlin College, and class of 1909, University of Pennsylvania Hospital, to Henry Harlow Shinner, M.D. Dr. and Mrs. Shinner will live in North Yakima, Washington.

On January 7, at Altoona, Pennsylvania, Antoinette B. Richers, class of 1909 Altoona Hospital, to Edward L. Anzman.

On November 8, Nellie M. Weaver, class of 1911, Hospital of the Good Shepherd, Syracuse, New York, to Herbert L. Hollister. Mr. and Mrs. Hollister will live in Painted Post, New York.

On December 11, Harriet C. Hubbard, class of 1910, Hospital of the Good Shepherd, Syracuse, New York, to William G. Barrows. Mr. and Mrs. Barrows will live in Syracuse.

On December 24, Minnie M. Worden, class of 1910, Hospital of the Good Shepherd, Syracuse, New York, to Grove L. Higgins. Mr. and Mrs. Higgins will live in DeWitt, New York.

On December 8, at Reno, Nevada, Edee L. Morrison, class of 1912, Farrand Training School, Detroit, to J. Harrison Judd. Mr. and Mrs. Judd will live in Reno.

On December 29, Sarah Hester Cummings, graduate of the Sarnia General Hospital, Sarnia, Ontario, to Elvin Gilbert Dalley.

On December 27, in St. Paul's Cathedral, Detroit, Lillian Bethel Godfrey, graduate of St. Mary's Hospital, Rochester, Minn., to Frank Whitbeck Stevens. Mr. and Mrs. Stevens will live in Detroit.

On February 17, Mrs. Theresa Pike, class of 1912, Grace Hospital, Detroit, to Charles McCarthy. Mr. and Mrs. McCarthy will live in Detroit.

DEATHS

On November 3, at the Methodist Episcopal Hospital, Philadelphia, after many years of patient suffering, Sarah F. Irwin, class of 1903, Methodist Episcopal Hospital. Miss Irwin is mourned by her many friends and associates.

On December 5, at Philipp, Mississippi, Mrs. Jennie M. Hall, class of 1901, Rochester City Hospital Training School for Nurses. Mrs. Hall was Jennie N. Wattle. She was appointed a nurse in the Army Nurse Corps in 1902 and served for three years in the Philippine Islands.

On December 17, suddenly, Fannie Dennis, class of 1908, Brooklyn Hospital. Miss Dennis was a charter member of the Alumnae Association and always an active and interested worker. She did private nursing for many years in Brooklyn; and had recently been night supervisor at St. Barnabas Hospital, Newark, New Jersey. At the time of her death she was holding a similar position at the Binghamton General Hospital. Burial was in Massachusetts, her native state.

On January 25, at the Bethesda Hospital, Zanesville, Ohio, Miss E. C. Greiner, class of 1905, City Hospital Training School, Zanesville. Miss Greiner was a member of the Ohio State Graduate Nurses' Association, and was a charter member of the Graduate Nurses' Association of Muskingum County. She was ever interested in every movement for the advancement of her profession and consequently was a valued member. Her death will be greatly regretted by the members of the association, while the memory of her helpful spirit and kindness will always be an

inspiration to those who knew her and worked with her. Her death was caused by typhoid fever, complicated by pneumonia.

On December 28, in Portland, Maine, J. Ella Clapp, class of 1895, Connecticut Training School, New Haven. The alumnae heard of Miss Clapp's death with deep regret, as she was one of its oldest members and was a good nurse, a woman of lofty ideals always ready to respond to the call of duty, true to every trust imposed upon her. They feel that her life should be regarded as an example for all to follow.

On December 9, at the Roosevelt Hospital, New York, following an operation, Louise Swartout, class of 1898, Clifton Springs Training School. Miss Swartout was an active member of the Manhattan and Bronx Association for Graduate Nurses, a charter member of the Central Club for Nurses, and a member of the Guild of St. Barnabas. Miss Swartout took great interest in all matters pertaining to nurses and was untiring in her efforts for their betterment. She was much loved and will be greatly missed, both in her own home and by a host of friends.

Recently, Gertrude Argus, class of 1912, Wilkes-Barre City Hospital. The alumnae of the school feel sincere sorrow in the death of Miss Argus.

Recently, Elsie Gamba, class of 1912, Mary Immaculate Training School, Jamaica, Long Island, after a short illness at the home of her parents in Brooklyn. Miss Gamba was an apt pupil while in training, and endeared herself to patients and classmates by her kindness and spirit of self sacrifice.

On January 24, at the Municipal Hospital, Pittsburgh, Emily Jane Hill, class of 1908, Allegheny General Hospital, after an illness of only a few days, of scarlet fever. Miss Hill, a private duty nurse of high standing, was stricken while caring for a patient afflicted with the same disease. Beside her family she is mourned by her severely stricken classmates, alumnae and many friends. Burial was at her home, Auburn, New York.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

THE LIFE OF FLORENCE NIGHTINGALE. By Sir E. T. Cook. Two volumes. Price, \$7.50 the set. The Macmillan Company, 66 Fifth Avenue, New York.

Never perhaps has there been presented a more striking combination of two entirely opposite characteristics in one personality, the intensely spiritual, and the uncompromisingly practical, than Sir Edward Cook gives us in his vivid picture of the founder of modern nursing. Intensely spiritual, she sought continually the Kingdom of Heaven, and found, or believed that she found it, in service to her fellowmen. That this should lead her far outside those safely guarded ways decreed by the restrictions of class and the duty of filial obedience, did not in the least dismay her, or divert her from her purpose, once that purpose had crystallized into the belief that "union with God meant coöperation with Him towards human perfectibility." Compared with the independence of youth in the present day, her revolt against the life incumbent on her station in society will seem very curious; but remembering the conditions by which she found herself governed, one is awed at the determination evinced to find out a field of usefulness and fit herself to occupy it worthily. Her early views of nursing included no visions of the Crimea and its gigantic demands for heroism. The life at Kaiserswerth promised nothing of events which were to make her name world-known. Her choice was made in obedience to sincere belief in her vocation and with no regard to its rewards. She was told on all sides of the shocking immorality and drunkenness which prevailed among the nurses in both English and Continental hospitals, but the only effect was that the more she learned of bad conditions, the more determined was she to make them better. There was, for a time, an idea of adopting a religious order, thereby ensuring protection to the ladies whom she hoped to enlist in the work of nursing, but this idea was relinquished; probably it was one of many ways in which she endeavored to win the sympathy of her family, who continued to try and keep her from carrying out her plans. Suffering deeply over this knowledge of wounding her own nearest and

dearest, she yet held firm, and after such training as was to be obtained by actual residence in Kaiserswerth; and by visiting and close inspection of many of the hospitals in the United Kingdom, as well as those of the large European cities, she started a nursing home, or small hospital, in Harley Street, London, where it was her intention to work out the problems of nursing for herself, and later make use of her experience in training others. Here she found scope for her pious activity. Besides battling with the British workman and the British tradesman, she learned what it was to work, hampered by a committee rather than helped by it, and dependent on a medical staff who are but doubtful supporters. It proved to be merely an experiment, as she was called to greater things fourteen months later. In the meantime, Miss Nightingale had become convinced that the situation at Harley Street did not contain the possibilities of expansion that were necessary for the plan which was shaping in her mind for the reorganization of nursing. Out of some special war correspondences to the *Times*, had arisen a wave of popular indignation against the lack of care for the sick and wounded at the front. Public opinion became so urgent that the war office was constrained to adopt the idea, earlier formulated by some benevolent ladies, of sending out some women nurses. Miss Nightingale was appointed superintendent, and took with her a party of thirty-eight nurses, some trained in religious orders in hospitals. With her went her friends, Mr. and Mrs. Bracebridge. With what mingled feelings were her marching orders received! Her friends, especially her family, looked upon it as deliverance from the inferior and commonplace, and rejoiced that she would find "an opportunity of action worthy of her." To herself these orders meant the promise of fulfilment of those early dreams which of late years had developed into the purpose of regenerating hospital administration and hospital nursing. To the medical men of conservative minds, it appeared a doubtful experiment, but there were not wanting those who hailed it as a precedent established, which would multiply in good for all time.

Whatever deficiencies existed in the training which up to this time Miss Nightingale had experienced she was now destined to correct them with interest. "I work in the wards all day," she writes, and the nature of her work reveals itself as she requisitions 200 scrubbers for the floor. Her first attack was on the awful conditions of filth that existed, attracting vermin which swarmed the beds and bodies of the men; not a basin, towel or piece of soap was to be had. No clean linen of any description was available, a laundry was one of the first of her creations. Extra diet kitchens followed quickly. The nursing under these circumstances might easily have appalled a veteran organizer, but we learn that it was

arranged with every consideration of order possible; the nurses having carefully-regulated hours for rest and sleep. Administration work was not the only portion of the superintendent however. We read of her being eight hours on her knees, dressing wounds, or again of hours spent with those dying of cholera or fever. Her distribution of nurses left the most incompetent and unreliable immediately under her own eye, making good all their faults by greater exertion on her own part. Her way as organizer was not made easier by the action of friends at home, sending out a new contingent of nurses while she was still struggling to adjust and combine those she had into an effectual working body, no easy task with material gathered in haste and from many sources, but the task moved toward completion under her firm and steady hand and each day she gathered material for the master task of her life. We do well to keep in mind how hard a school it was, and what painful processes of elimination and selection yielded her the knowledge that has gone to the building up of the nursing profession. The conditions of physical discomfort, the atmosphere of suffering should be remembered in taking the measure of her fortitude and devotion; since it is only too true that, "the pioneers of one generation are forgotten when their work has passed into accepted doctrine." She was constantly under fire, conservative medical etiquette (to which she early learned to defer, for the sake of maintaining discipline) did not spare her. The cupidity that looked to maladministration for its harvest watched, with jealous eyes, to find faults; and finally the church, High, Low Protestant and Catholic, assailed her motives, and picked flaws in her methods. Interference and criticism were accepted philosophically, however, and in the spirit of some other reformer, who formulated the statement that you "can't make an omelet without breaking eggs." The death rate, which had been forty-two per cent at first, had fallen to twenty-two per thousand, after six months, and figures like these were more flattering to Miss Nightingale's "passionately statistical mind," than any amount of popular encomium.

Returning to England at the end of the war to find herself the idol of the nation, she had but one thought—to utilize her experience and her reputation for the furtherance of her ideals. The first task was the reform of the sanitary conditions of the Army, involving such labors as can only be realized by the careful reading of Part III of the biography, as it entails the marshalling of politicians, statesmen, army officials, commissions, departments, etc., all of which were as so many grades in the school where Miss Nightingale attained the right to her place as educator and reformer.

Sir Edward Cook names three celebrities of the nineteenth century: "Simpson the introducer of chloroform, Lister, inventor of antiseptic

surgery; and Florence Nightingale, the founder of modern nursing. The second of the great discoveries completed the beneficent work of the first. The third development, the creation of nursing as a trained profession, has cooperated powerfully with the other two, and would have been beneficent, even if the use of anaesthetics and antiseptics had not been discovered. The contribution of Florence Nightingale to the healing art was less original than that of Simpson or Lister; but perhaps from its wider range, it has saved as many lives, and relieved as much, if not so acute, suffering as either of the other two."

The publication of *Notes on Nursing* in December, 1859, and the opening of the Nightingale Training School for Nurses on June 24, 1860, are two dates that should appear in red on every nurses' calendar. The School was established by means of a fund of £44,000, contributed by the British Empire for a testimonial to Miss Nightingale. The reviewer is tempted to transcribe pages of the book relating to the laying of these foundation stones of the profession but space forbids, and one only may note that so far, there has been nothing written that supersedes the *Notes on Nursing*, and that the essential principles of nurse training schools today are the same as those formulated by Miss Nightingale for her first training school. It is true that many schools require less of personal character and technical acquirement than Miss Nightingale's school called for, but where such is the case the school is at fault, and would be greatly benefited by bringing its standards up to hers.

Of the remainder of the long life, so full of beneficent work, we have no space to write but we cannot close the subject without a word of the many and variously interesting people who appear in the pages of this book: the picture of early Victorian life in England that passes before our eyes with the early life of Miss Nightingale; the glimpses afforded us of Mrs. Nightingale, so gently yet obstinately determined to uphold the excellencies of British institutions, from religion to cooking, against the universe; the pathetic spectacle of her husband, valiant in his allegiance to his wife, so long as her eye is upon him, but making secession to his daughter privately, and hugely enjoying the novelty and interest of her ventures, the many historical personages who revolve round Miss Nightingale and whom she keeps in motion, enacting this or that part in the schemes which are to set great things going. What labors of correspondence—what exercise of that last resort and powerful tool of women, influence—these would fill volumes and we earnestly advise our readers to get them at first hand if they would not miss some good reading.

Yet one word more for the friendships of Florence Nightingale. Once her friend was her friend till death—of these most notably stand out, Arthur Hugh Clough—Sidney Herbert—and last, Benjamin Jowett,

the Master of Balliol, sometimes called the maker of prime ministers. She may be said to have had a capacity for friendship that is seldom met with. She made great demands of her friends but they loved to serve her. The picture of the lonely old age that ends this life of usefulness, a life prolonged far beyond the usual span, leaves one sad; but reflection is cheering, and one is glad to believe that her work does not end with death, that the acorn she planted in the hope that it might produce a forest, is fulfilling its destiny, and that nurse training schools over the civilized world may keep alive the principles she laid down for the guidance of nurses until a greater than she comes.

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